



ANGUILLA ELECTRICITY COMPANY LTD

APPLICATION FOR EMPLOYMENT

1.0 GENERAL

| | | | |
|---------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------|----------------|
| Surname: _____ | | Position Applied for | |
| Mr <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| Mrs <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| Miss <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other Names: _____ | | Date of Birth | Place of Birth |
| _____ | | _____ | _____ |
| Address: _____ | | Nationality | Marital Status |
| _____ | | _____ | _____ |
| _____ | | Have you worked in an Electric Utility previously? YES/NO | |
| Telephone Number: _____ | | | |
| Name and address of next of kin | | If YES, give name of Utility, Department dates worked and reason for leaving. | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| Telephone Number: _____ | | _____ | |
| Disabilities: Yes/No | | | |
| If YES, give details _____ | | | |
| _____ | | | |
| _____ | | | |
| Do you have any relatives presently employed by the Company? _____ YES/NO | | | |
| IF YES, state relationship _____ | | | |
| _____ | | | |

3.0 RECORD OF EMPLOYMENT

| Date Joined | Date Left | Employer, Position Held Responsibilities etc. | Wage/Salary |
|-------------|-----------|-----------------------------------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

May we approach your present Employer YES/NO

Please give full postal addresses of two persons or Companies to whom reference may be made.

Name and Address _____

Name and Address _____

Name and Address _____

I understand that if any false or misleading information is contained in this application, the application will be disregarded and, should I be employed, my employment may be terminated.

Applicants Signature: _____ Date: _____

4.0 REMARKS

| | | |
|---------------------------------------------|----------------|-----------------------|
| To be Completed by Interviewer | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Place : _____ | Date: _____ | Interviewer: _____ |
| Action: _____ _____ _____ _____ | | |