

GOVERNMENT OF ANGUILLA

General Application for Employment in the Anguilla Public Service



This form is to be filled in by the applicant in blue or black ink, in his/her own handwriting and returned to:
Department of Public Administration, James Ronald Webster Building,
Social Security Complex, The Valley, Anguilla

1. Position(s) desired, in order of preference:

2. PERSONAL INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)

Prefix: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		First Name	Middle/Other Name(s)
Surname/Family Name:			
Preferred Name:	Anguilla Social Security No:	Date of Birth:	Age last birthday:
			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Postal Address:	Telephone No.:	
		E-Mail:	
Place and country of birth:		Nationality:	
Immigration Status: <input type="checkbox"/> Non-belonger <input type="checkbox"/> Belonger <input type="checkbox"/> Naturalized/Registered Other _____			
Reference number on Naturalization/Registration Certificate _____			
Passport Number:		Date and place of issue:	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Name of Spouse:		Address:	
Place and country of birth:	Date of Birth:	Nationality:	Telephone No.:
Immigration Status: <input type="checkbox"/> Non-belonger <input type="checkbox"/> Belonger <input type="checkbox"/> Naturalized/Registered Other _____			
Reference number on Naturalization/Registration Certificate _____			
Next of Kin/ Emergency Contact (Please state Name, Address & Relationship if different from Spouse)			
Name:	Address:	Relationship:	Telephone No.:
Number of Children (Age 18 or under):			
Name	Gender	Date of Birth	

If you have answered yes to any of the questions, please give particulars and details below

In the event that your application is successful you will be required to divest yourself of such investments or interests if they appear to constitute conflicts of interest.

7. PERSONAL REFERENCES AND TESTIMONIALS

(a) Give the names and address of two referees. They should be responsible persons who know you well, either in private life or in business. The names of relatives should not be given.

Name:	Name:
Address:	Address:

(b) You should submit with this application form (Please tick ✓ items included) :

- (i) An original birth certificate or properly notarized copy
- (ii) Naturalisation or Belonger certificate
- (iii) Original qualification certificates or properly notarized copies
- (iv) Not less than three testimonials to cover your education and past and present employment. (The original testimonials should be sent).
- (v) A police recommendation, no older than 6 months covering the past 5 years
- (vi) Two recent colour passport sized photographs

Please state why any of the above relevant for your application have not been included:

8. AVAILABILITY

(a) If offered an appointment, how soon would you be available?

(b) What length of notice must you give your present employer?

9. APPLICANT'S PERSONAL TESTIMONY (Please include here any information relevant to your application not included elsewhere on this form)

10. APPLICANT'S STATEMENT

I understand that this application is not a contract of employment.

I understand that the Government of Anguilla will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorise all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____

Date _____

N.B. If additional space is needed to complete any part of this form please attach a separate sheet.

FOR OFFICIAL USE ONLY

Received By: _____

Date: _____

Notes:



Successful

Short listed

Reconsider another time

Unsuccessful

Entered in System By: _____

Date: _____

Verified By: _____

Date: _____