



# THE UNIVERSITY OF THE WEST INDIES

## APPLICATION FOR EMPLOYMENT

Please tick the relevant Campus – Cave Hill  Five Islands  Global   
MONA  Regional Head Quarter  St. Augustine

*PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS, ANSWERING ALL RELEVANT QUESTIONS.*

POSITION IDENTIFICATION		
Position for which you are applying:		
Vacancy Ref No:	Faculty:	Department:
NAME		
Prefix: (Mr, Mrs, Miss, Ms, Dr, other-specify)	First:	Middle:
Last Name:		
BIOGRAPHIC INFORMATION		
If you are an expatriate, you will need to enter citizenship, and passport information here. If you have dual nationality, enter the country of your 2 <sup>nd</sup> nationality in the 2 <sup>nd</sup> country box.		
Country of Citizenship:	Nationality:	
Date of Birth: <b>YYYY/MM/DD</b>	Country of Birth:	
BIOGRAPHIC HISTORY		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Other <input type="checkbox"/>	Prefer not to disclose <input type="checkbox"/>
Highest Education Level:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary
PROVIDE ONE FORM OF GOVERNMENT ISSUED IDENTIFICATION		
Passport No:	Driver's License:	National ID No:
CURRENT ADDRESSES		
Home Address:	Mailing Address: (If different from Home Address)	
PHONE INFORMATION		
Mobile No:	Home No:	Other No:
E-MAIL ADDRESS		
Primary:	Secondary:	

### EMERGENCY CONTACTS

Identify persons to be contacted in case of emergency. If possible, at least one contact should be located in the country of employment.

<b>Primary Contact</b>	
Name (Last,First):	Relationship to Applicant:
Address:	Phone No.:
Name (Last,First):	
Relationship to Applicant:	
Address:	Phone No.:

### EDUCATION – TERTIARY

Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas.

Institution and Location	Date Attended		Qualification	Year Earned	Year Expected To Earn	Class	Major(s)	GPA
	From	To						

### EDUCATION – OTHER

Enter details here of other education you have received, eg. Secondary, vocational or technical. For each subject entered, insert either grade or proficiency level. **Graduate level job applicants may ignore this section.**

Institution and Location	Date Attended		Examination Type	Subject	Grade	Proficiency
	From	To				

### PROFESSIONAL SKILLS & COMPETENCIES APPLICABLE TO THE POST (OPTIONAL)

Competencies/Skills	Proficiency Level		
	High	Med	Low

**OTHER COMPETENCIES & SKILLS (OPTIONAL)**

Indicate any expertise you have in specialized areas e.g. Computing, Communicating, Organising

Competencies/ Skills	Proficiency Level		
	High	Med	Low

**LANGUAGES**

Language	Native		Translate		Speak			Read			Write		
	Proficiency Level		Proficiency Level		Proficiency Level			Proficiency Level			Proficiency Level		
	Yes	No	Yes	No	High	Med	Low	High	Med	Low	High	Med	Low

**HONOURS & AWARDS**

List honours and awards from any professional or other recognized bodies:

Honour/Award	Grantor	Date Received

**EMPLOYMENT HISTORY**

Please start from the most recent and indicate currency when entering pay rates.

Institution/Organization:		Address:	
Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution/Organization:		Address:	

**EMPLOYMENT HISTORY**

Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution/Organization:		Address:	
Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			

**REFEREES**

You must provide the names of at least TWO referees.

Name (Last/First):		Institution/Organization:	Job Title:
Address:			Reference Type: Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/>
Phone:	Fax:	Email:	
Name (Last/First):		Institution/Organization:	Job Title:
Address:			Reference Type: Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/>

***I declare that the particulars in this application are true to the best of my knowledge and belief and that I am aware that failure to provide true and accurate information could result in the offer being withdrawn or employment terminated forthwith.***

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Certified Original Documents Provided: Yes  No  Certified By: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

**Test Results**

Test	Date	Score	Passed	Comments

Campus: Centre  Cave Hill  Mona  St. Augustine  Global Campus  Five Islands

Post: Academic  Senior Admin  Professional  Admin & Technical  Services   
Other

Certified Documents Provided: Yes  No

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_