



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS, ANSWERING ALL RELEVANT QUESTIONS.
ENTER DATES IN THE FORMAT YYYY/MM/DD. TO BE COMPLETED IN DUPLICATE.

| POSITION IDENTIFICATION | | | | | | | | |
|--|---------------|----|--|--------------------|-------------------------------|---|-------------|------------|
| Position for which you are applying: | | | | | | | | |
| Vacancy Ref No: | | | | Department: | | | | |
| PERSONAL INFORMATION | | | | | | | | |
| Last Name: | | | | | | | | |
| First: | | | Middle: | | | Prefix: (Mr, Mrs, Miss, Dr, other-specify) | | |
| Current Address: | | | | Mailing Address: | | | | |
| Current Phone No: | | | Work Phone No: | | | Contact Phone No: | | |
| Fax No: | | | Email Address: | | | | | |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other | | | | | |
| Birth Date: | | | Place and Country of Birth: | | | | | |
| Country of Citizenship: | | | | Nationality: | | | | |
| EDUCATION – TERTIARY | | | | | | | | |
| Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas. | | | | | | | | |
| Institution and Location | Date Attended | | Qualification | Graduated (Yes/No) | Year Earned/ Expected to Earn | Class | Major(s) | Level/ GPA |
| | From | To | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| EDUCATION – OTHER | | | | | | | | |
| Enter details here of other education you have received, e.g. secondary, vocational or technical. For each subject entered, insert either grade or proficiency level. Graduate level job applicants may omit this section. | | | | | | | | |
| Institution and Location | Date Attended | | Graduated (Yes/No) | Examination Type | Subject | Grade | Proficiency | |
| | From | To | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| SKILLS & SPECIAL ABILITIES | | | | | | | | | | | | | |
|--|---------|-----------|------------|---------------|-------------------------------|-------------------|-----|-------------------|-----------------------|---------------|-------------------|-----|-----|
| Indicate any expertise you have in specialized areas e.g. Computing, Communicating, Organising | | | | | | | | | | | | | |
| Skill | | | | Year Acquired | | Proficiency Level | | | Year Last Used | | | | |
| | | | | | | High | Med | Low | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| LANGUAGES | | | | | | | | | | | | | |
| Language | Native? | | Translate? | | Speak | | | Read | | | Write | | |
| | | | | | 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: | | | | | | | | |
| Start Date: | | End Date: | | | Phone: | | | Email: | | | | | |
| Ending Job Title: | | | | | Reason for Leaving: | | | | | | | | |
| *Institution/Organization: | | | | | Address: | | | | | | | | |
| Start Date: | | End Date: | | | Phone: | | | Email: | | | | | |
| Ending Job Title: | | | | | Reason for Leaving: | | | | | | | | |
| *Institution/Organization: | | | | | Address: | | | | | | | | |
| Start Date: | | End Date: | | | Phone: | | | Email: | | | | | |
| Ending Job Title: | | | | | Reason for Leaving: | | | | | | | | |

| MEMBERSHIPS | | | | | |
|---|------|---------------------------|---|------------|-------------|
| Enter membership of any professional or civic body such as military reserve, service club, FRCS etc. | | | | | |
| Organization | | | Membership Date | | |
| | | | | | |
| | | | | | |
| | | | | | |
| LICENCES/CERTIFICATES | | | | | |
| Please indicate professional or job related licences or certificates, including Jamaican Driver's Licence. | | | | | |
| Licence | Type | Issue Date | Licence No. | Issued By | Expiry Date |
| | | | | | |
| | | | | | |
| | | | | | |
| REFEREES | | | | | |
| You must provide the names of at least THREE referees, at least ONE of whom should be a member of your present institution/ organization. | | | | | |
| *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"/> | | |
| 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"/> | | |
| Phone: | Fax: | Email: | | | |

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: _____

| For Official Use Only | | | | |
|--|-----------------------------------|---------------------------------------|---------------------------------------|---|
| Test Results | | | | |
| Test | Date | Score | Passed | Comments |
| | | | | |
| Campus: | Centre <input type="checkbox"/> | Cave Hill <input type="checkbox"/> | Mona <input type="checkbox"/> | St. Augustine <input type="checkbox"/> |
| Post: | Academic <input type="checkbox"/> | Senior Admin <input type="checkbox"/> | Professional <input type="checkbox"/> | Admin & Technical <input type="checkbox"/> Services <input type="checkbox"/> Other <input type="checkbox"/> |
| Certified Documents Provided: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Certified By: _____ Date: _____ | | | | |