

Employment Application



Unit 1 Conch Shell Business Park
North Sound Road
PO Box 10054 Grand Cayman KY1-1001
Tel: 949-4154 Fax: 946-3368

Position you are applying for:

Employee Information

Last Name:		First Name:	
Cell Phone:	Other #:	Email:	
Home Address:			
Nationality:	Country of Birth:	Date of Birth:	
Do you have a valid driver's license? Yes No		Do you have any physical limitations? Yes No	
Will you work overtime if necessary? Weekdays? Saturday? Sunday?			
Will you work other shifts if necessary? Any? Night? Evening?			
Will you work shifted week schedule if necessary paid regular rate as in example below?			Yes No
Saturday is work day	Sunday is work day	Monday is work day	Tuesday is work day
Wednesday is work day	Thursday is day off	Friday is day off	
Salary Expectations:	Per Hr	Per Week	Per Month
I will be able to report to work in _____ days after being notified I am hired.			
Are you currently employed? Yes No			
Are you legally eligible to work in Cayman Islands without a work permit?			Yes No
Have you ever been convicted of a crime or violation other than a minor traffic infraction? If yes, please list criminal charges against you and the sentence.			Yes No
Do you have electrical license or any other licenses'?			Yes No
Do you have dependants that you would require to relocate with you permanently to the Cayman Islands? If so, please list them below.			Yes No
Name:	Age:	Relationship:	
Name:	Age:	Relationship:	
Name:	Age:	Relationship:	
Name:	Age:	Relationship:	
Education:			
	Name	Years Completed	Subjects
High School			
College			
Business/Trade			

Employment History

Employer name and address:

Your supervisor:

His/her phone number:

Start date:

End date:

Pay: \$

Per:

Your Position/Title/Duties/Skills:

Reasons for leaving:

Employer name and address:

Your supervisor:

His/her phone number:

Start date:

End date:

Pay: \$

Per:

Your Position/Title/Duties/Skills:

Reasons for leaving:

Employer name and address:

Your supervisor:

His/her phone number:

Start date:

End date:

Pay: \$

Per:

Your Position/Title/Duties/Skills:

Reasons for leaving:

Other Skills

What are your main interests and/or hobbies?

Other professional licenses and certifications:

Check one box that best describes your computer skills:

Windows Word Excel Project CAD Accubid ConEst Other Other

Good

Not much

Zero

Other languages you speak?

Information to the applicant

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your position with out further notices.

I understand and agree that the above information I provided is correct:

Signature of Applicant

As part of your employment, you will be required from time to time to have a physical examination or drug test or to sign contract or non-disclosure agreement.

I understand and agree with the above statement

Signature of Applicant

Please note that the following should be attached to your application for Human Resources record purposes:

COPY OF DRIVER'S LICENCE

STATUS OR RESIDENCY CERTIFICATION

COPY OF PASSPORT (picture page)

POLICE CLEARANCE RECORD (recently dated)

Originals will be required at the office later.

Thank you for completing this form. All the information stated will be treated in a confidential manner.