Two Mile Hill St. Michael, Barbados Tel: (246) 546-3768/ 831-7735/ 247-9272

Email: hass2462020@gmail.com

Passport Size Photo (You must present a most recent photo)

# **JOB APPLICATION**

Name of Application:			Date:	
	Last	First C	O <mark>ther N</mark> ame	
Gender: Male Femal	eO OtherO			
Position Applied for:				
1. CONTACT INFORM	MATION			
Address:			I.D#:	
		7		
				1
				Ů.
			H <mark>ei</mark> ght:	
Tel:Country or Birth:	_ Email:	7/	Nationality:	NTV
Marital Status: Single	Married	Separated (		
Do you have a valid Security L		•		
If yes, please state your licens	e#		Expiry date:	
Do you have any Criminal ma	tter p <mark>ending? Y</mark> es	ONoO If	y <mark>es, please state</mark> :—	
Have you been charged or ha	d any encounter	with the Police	e, within the last six m	nonths? Yes No
If yes, please state:				

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	Liliali. 11a33240202	.o@gmam.com	
2. NEXT OF KIN			
Name:			ship:
Address:		Telepho	ne #
3. EDUCATION			
Name of Institution	Year Started	Year ended	Remarks
	00.100		
			<b>\</b>
4. QUALIFICATION			
		Crade	
Subject		Grade	
TIAI	AC		NIV
	TIV		TAI
Do you have any other skills?	VCE	SEC	URITY
	LKY		

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5. WORK EXPE	RIENCE					

Company	From	То	Position	Salary	Reason for leaving
		A	1		

### 6. REFERENCES

Give the names, Occupation and telephone numbers of two (2) references.

Name	Company	Position	Contact #

# 7. MEDICAL HISTORY Name of your Doctor: Date last seen by Doctor: Reason: Are you currently taking any kind of medication (yes or no?) Name of Medication (s)

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Do you suffer or have you had any of the following:

	Ye	es	N	lo	Yes No	Yes No	
Asthma	(	)	(	)	Fainting Spells ( ) ( )	Allergies ( ) ( )	
Nose	(	)	(	)	Migraine ( ) ( )	(If yes, please list)	
High Blood Pleasure	(	)	(	)	Sinusitis ( ) ( )		
Any Other:							
When will you be ava	ailal	ble	to:	sta	rt w <mark>ork?</mark>		
8. DECLARATI	O۱	1					
	or n				ined herein is true to the best of my lentation of the facts required, gives t	_	
					FOR OFFICIAL USE ONI	.Y	
Interviewed by: Job Title:		1			RM		IY
Date of Employment		_		_	CEDVI		
Salary/ Wages:					DEKVIL		
Department:		_					
Status: Permanent					Temporary Pa	rt- time	

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Remarks:
UNIFORM MEASUREMENT: (FOR OFFICIAL USE ONLY)
Pants:
Shirt: Small Medium Large XL Other
Polo Shirt: Small Medium Large XL Other
Skirt:
Foot ware:
Bank Account Information (for payroll purposes)
Branch:
Account:
Type: Savings or Chequing?

NB: Your bank account information will only be taken, after you become a successful applicant.