



JAMAICAN FOUNDATION FOR LIFELONG LEARNING

APPLICATION FOR EMPLOYMENT

Instructions: Answer all questions accurately and completely. Any false information on this form will result in the rejection of your application, and if discovered subsequent to employment will be grounds for immediate dismissal.

SECTION 1: PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	SEX	DATE OF BIRTH
ADDRESS				NATIONALITY		PLACE OF BIRTH
						MARITAL STATUS
						RELIGION
TRN	NIS	TEL. NUMBER(S)				
NAME, ADDRESS & TELEPHONE NO. OF NEXT OF KIN					NO. OF DEPENDENTS	AGE(S)
RELATIONSHIP:						

SECTION 2: EDUCATION

Name and address of educational institutions attended	Dates attended		Certification acquired
	From	To	

SECTION 3: EMPLOYMENT INFORMATION

Position being applied for:

Salary Expectations:

Describe the last three positions you have held, beginning with the current or most recent position. Account for all periods of unemployment.

If currently employed, may we approach your present employer? Yes No

(a) Dates of Employment (Month, Year)	Position held	<u>Salary or Earnings per annum</u> Starting: Final:
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Name, Address & Tel. # of Employer:	Summary of Duties:
Reason for leaving/wanting to leave:	

(b) Dates of Employment (Month, Year):	Position held:	<u>Salary or Earnings per annum</u> Starting: Final:
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Name, Address & Tel. # of Employer:	Summary of Duties:
Reason for leaving:	

(c) Dates of Employment (Month, Year):	Position held:	<u>Salary or Earnings per annum</u> Starting: Final:
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Name, Address & Tel. # of Employer:	Summary of Duties:
Reason for leaving:	

SECTION 4: GENERAL INFORMATION

1. Special Qualification & Skills: *List any special skills you possess which you think may be relevant to the job including proficiency in other languages.*

Answer questions 2 to 6 by placing an "X" in the appropriate column.

YES

NO

2. Have you ever been dismissed or asked to resign from a position for misconduct or non-performance?

3a. Do you have any medical condition/physical limitations which we may need to be aware of, in light of the position for which you are applying

b. If yes, please state:

4. Are you available to work outside of normal working hours and on weekends, if required?

5a. Are you related to anyone employed to the Foundation?

b. If yes, state name, relationship and department:

6a. Have you ever been convicted of a criminal offence?

b. If yes, please state nature of the offence:

7. Membership: Societies, Associations, Clubs and other organizations of which you are a member:

8. Special Interests:

SECTION 5: REFERENCES

4. List three persons not related to you who are qualified to supply information regarding your character and professional ability:

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER

SECTION 6: DECLARATION

I declare that the information contained herein is true and correct to the best of my knowledge. I am aware that any misrepresentation of facts may result in ineligibility for employment with the Foundation.

NAME

SIGNATURE

DATE

FOR OFFICE USE:

Outcome of application: _____

Verified by: _____

Date: _____