



S L HORSFORD & COMPANY LIMITED



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

DATE OF BIRTH: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES _____ NO _____

IF "YES", STATE THE OFFENCE AND YEAR OF CONVICTION. _____

DO YOU HAVE A MEDICAL CONDITION THAT REQUIRES SPECIAL CARE OR THAT WOULD RESTRICT YOUR ABILITY TO PERFORM CERTAIN DUTIES? YES _____ NO _____

JOB APPLYING FOR: _____

STATUS DESIRED: FULL-TIME _____ PART-TIME _____ TEMPORARY _____

EDUCATIONAL BACKGROUND

NAME OF PRIMARY OR JUNIOR SCHOOL ATTENDED:

_____ FROM: _____ TO: _____
(YEAR) (YEAR)

SUBJECTS PASSED: _____, _____, _____, _____
_____, _____, _____, _____
_____, _____, _____, _____

NAME OF SENIOR HIGH SCHOOL ATTENDED:

_____ FROM: _____ TO: _____
(YEAR) (YEAR)

SUBJECTS PASSED:	LEVEL (GCE "O", CXC gen., CXC basic)	GRADE

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NAME OF COLLEGE OR OTHER INSTITUTION ATTENDED AFTER HIGH SCHOOL:

_____ FROM: _____ TO: _____
(YEAR) (YEAR)

MAJOR AREA OF STUDY: _____

TYPE OF DEGREE/CERTIFICATE RECEIVED: _____

GCE "A" LEVELS PASSED: _____,
_____, _____,
_____, _____,
_____, _____

OTHER WORK SKILLS ACQUIRED: _____

EMPLOYMENT HISTORY

(If Employed, State)

NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE#: _____ POSITION HELD: _____

(IF NOT EMPLOYED, THEN LIST THE LAST TWO (2) PLACES YOU HAVE WORKED BEGINNING WITH THE MORE RECENT)

1)
NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE#: _____

POSITION HELD: _____

FROM: _____ TO: _____
(MTH/YR) (MTH/YR)

REASON FOR LEAVING: _____

2)
NAME OF EMPLOYER: _____

ADDRESS: _____

TELEPHONE#: _____

POSITION HELD: _____

FROM: _____ TO: _____
(MTH/YR) (MTH/YR)

REASON FOR LEAVING: _____

REFERENCES

(LIST ONLY THOSE PERSONS WHO KNOW YOU WELL AND WHO ARE NOT MEMBERS OF YOUR FAMILY)

1) NAME: _____

ADDRESS: _____

TELEPHONE#: (Home) _____ (Work) _____

2) NAME: _____

ADDRESS: _____

TELEPHONE#: (Home) _____ (Work) _____

BY MY SIGNATURE ON THIS APPLICATION, I: _____

A) AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

B) AUTHORISE THE VERIFICATION OF THE ABOVE INFORMATION AND ANY OTHER INQUIRIES THAT MAY BE NEEDED TO DETERMINE MY SUITABILITY FOR EMPLOYMENT.

.....
Applicant's Signature

.....
Date

[Applicant, please do not write below this line]

[For Office use only]

JOB TITLE: _____ DEPARTMENT: _____

STARTING DATE: _____ STARTING SALARY/WAGE: _____

SOCIAL SECURITY#: _____ BANK NAME & ACCOUNT#: _____

EMERGENCY CONTACT PERSON: _____ TEL: _____

MANAGER, HUMAN RESOURCES: _____