

**NOTE:** You will be asked about any criminal convictions at an interview. A criminal conviction does not automatically exclude you from the recruitment process. If selected for the position, you will be required to present a current police clearance certificate, proof of immigration status and qualifications. *Incomplete application forms will not be considered. You must also include a resume and cover letter.* 

| APPLICATION FOR EMPLOYMENT   |                 |  |  |              |  |  |  |  |
|--|-----------------|--|--|--------------|--|--|--|--|
| Applicant Name:  |                 |  |  |              |  |  |  |  |
| <b>Position Applying For:</b>  |                 |  |  |              |  |  |  |  |
| Mailing Address:   |                 |  |  |              |  |  |  |  |
| Physical Address:  |                 |  |  |              |  |  |  |  |
| Telephone Number(s):   | Mobile:         |  |  |              |  |  |  |  |
|  | Land Line:      |  |  |              |  |  |  |  |
| Email Address:   | 1               |  |  |              |  |  |  |  |
| Date of Birth: (dd/mm/yy) / /  | Place of Birth: |  |  | Nationality: |  |  |  |  |
| Are you Caymanian?   |                 |  |  |              |  |  |  |  |
| Education & Training History List highest qualification first. Complete all fields. Use a separate sheet to list additional qualifications if necessary, or attach the current résumé.  Educational/Training Institution  Dates (From – To)  Qualifications Obtained |                 |  |  |              |  |  |  |  |
|  |                 |  |  |              |  |  |  |  |

## **Employment History** (List current or most recent first) Use a separate sheet to list additional employers or attach the current résumé.

## Present/most recent Employer

| Name of Employer/Company:     |            |                  |  |  |  |  |  |  |  |
|-------------------------------|------------|------------------|--|--|--|--|--|--|--|
| Job Title:                    |            |                  |  |  |  |  |  |  |  |
| Dates Employed:               | From:      | То:              |  |  |  |  |  |  |  |
| Employer Address:             |            | Phone number(s): |  |  |  |  |  |  |  |
| Manager/Supervisor:           |            | Wage/Salary Amt: |  |  |  |  |  |  |  |
| Reason for Leaving:           |            | ,                |  |  |  |  |  |  |  |
| May we contact this employer? | ☐ Yes ☐ No |                  |  |  |  |  |  |  |  |
| Previous Employer/Company     |            |                  |  |  |  |  |  |  |  |
| Name of Employer/Company:     |            |                  |  |  |  |  |  |  |  |
| Job Title:                    |            |                  |  |  |  |  |  |  |  |
| Dates Employed:               | From:      | То:              |  |  |  |  |  |  |  |
| Employer Address:             |            | Phone number(s): |  |  |  |  |  |  |  |
| Manager/Supervisor:           |            | Wage/Salary Amt: |  |  |  |  |  |  |  |
| Reason for Leaving:           |            | ,                |  |  |  |  |  |  |  |
| May we contact this employer? | ☐ Yes ☐ No |                  |  |  |  |  |  |  |  |
| Previous Employer/Company     |            |                  |  |  |  |  |  |  |  |
| Name of Employer/Company:     |            |                  |  |  |  |  |  |  |  |
| Job Title:                    |            |                  |  |  |  |  |  |  |  |
| Dates Employed:               | From:      | То:              |  |  |  |  |  |  |  |
| Employer Address:             |            | Phone number(s): |  |  |  |  |  |  |  |
| Manager/Supervisor:           |            | Wage/Salary Amt: |  |  |  |  |  |  |  |
| Reason for Leaving:           |            |                  |  |  |  |  |  |  |  |
| May we contact this employer? | ☐ Yes ☐ No |                  |  |  |  |  |  |  |  |
| Previous Employer/Company     |            |                  |  |  |  |  |  |  |  |
| Name of Employer/Company:     |            |                  |  |  |  |  |  |  |  |
| Job Title:                    |            |                  |  |  |  |  |  |  |  |
| Dates Employed:               | From:      | То:              |  |  |  |  |  |  |  |
| Employer Address:             |            | Phone number(s): |  |  |  |  |  |  |  |
| Manager/Supervisor:           |            | Wage/Salary Amt: |  |  |  |  |  |  |  |
| Reason for Leaving:           |            | ,                |  |  |  |  |  |  |  |
| May we contact this employer? | ☐ Yes ☐ No |                  |  |  |  |  |  |  |  |

| Character References (La   | ist 3 persons, excluding fa | mily, 2 of which must be | work-related.)       |                 |                        |  |  |  |  |
|--|-----------------------------|--------------------------|----------------------|-----------------|------------------------|--|--|--|--|
| Name Relationship  |                             | Address                  | Phone Nun            | ıber            | <b>Email Address</b>   |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
| A TITLE - LET C C C  |                             |                          |                      |                 |                        |  |  |  |  |
| Additional Information         Do you have any health problems or disabilities?       ☐ Yes       ☐ No   |                             |                          |                      |                 |                        |  |  |  |  |
| If Yes, please give deta   |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          | 4B 11 \2             |                 |                        |  |  |  |  |
| Do you have a valid dr   | iver's license (Cayma       | an Islands or Countr     | ry of Residence)?    | ∐ Yes           | □ No                   |  |  |  |  |
| If yes, what Group(s)  |                             |                          |                      |                 |                        |  |  |  |  |
| 2 - motor cars and t   | rucks not exceeding 8       |                          |                      |                 |                        |  |  |  |  |
|  | p 2 and trucks not exc      | - C                      |                      |                 |                        |  |  |  |  |
| Do you own or have ac  | including heavy equi        | _                        | Yes                  | □No             |                        |  |  |  |  |
| -  |                             | voik ilouis:             |                      |                 |                        |  |  |  |  |
| If selected, when could  | you start work?             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
| NOTE:  • Upon submissi   | ion, candidates will        | receive written no       | otification that the | eir application | ns have been received. |  |  |  |  |
| <ul> <li>Upon submission, candidates will receive written notification that their applications have been received.</li> <li>Candidates will normally be notified within 3-4 weeks if they have been selected for an interview.</li> </ul>        |                             |                          |                      |                 |                        |  |  |  |  |
| <ul> <li>For a list of current openings and application deadlines, visit <u>www.waterauthority.ky/open-positions</u>.</li> </ul>   |                             |                          |                      |                 |                        |  |  |  |  |
| DECLARATION  |                             |                          |                      |                 |                        |  |  |  |  |
| ☐ I understand that if selected for this position, I will be required to present a current police clearance certificate, proof   |                             |                          |                      |                 |                        |  |  |  |  |
| of immigration status, and qualifications and undergo a pre-employment medical.  |                             |                          |                      |                 |                        |  |  |  |  |
| I declare that the information I have provided above is correct and true to the best of my knowledge. I understand that failure to disclose relevant details or giving misleading information may result in my application being rejected or, if |                             |                          |                      |                 |                        |  |  |  |  |
| hired, could lead to termination of employment.  |                             |                          |                      |                 |                        |  |  |  |  |
|  |                             |                          |                      |                 |                        |  |  |  |  |
| C: 1   |                             |                          | <del>D</del> (       |                 |                        |  |  |  |  |
| Signed   |                             |                          | Date                 |                 |                        |  |  |  |  |
| Please submit the c  | completed form to the C     |                          |                      |                 | 13G Red Gate Road,     |  |  |  |  |
| P.O. Box 1104, Grand Cayman KY1-1102, CAYMAN ISLANDS   |                             |                          |                      |                 |                        |  |  |  |  |