



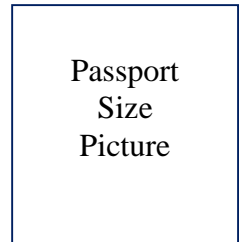
**THE UNIVERSITY *of the* SOUTHERN CARIBBEAN
HUMAN RESOURCES DEPARTMENT**

**APPLICATION FOR EMPLOYMENT
REQUIRED SUPPORTING DOCUMENTS**

The Human Resources Department will collect all the relevant documents as outlined below and begin a temporary file in preparation for the probable job interview. This is part of the process in determining the suitability of applicants. ***Please note that only short-listed applicants will be contacted and should be prepared to be interviewed.*** Documents can be printed, emailed, mailed or hand delivered. Documents required prior to the recommendation to hire are:

Name of Applicant: _____

Position Applying for: _____



For all Applicants:

- ___ Letter of Application
- ___ Resume
- ___ One (1) recent passport size picture
- ___ Copy of Certificates/diplomas (if applicable)
- ___ Transcript(s) of courses completed (if applicable)
- ___ Copy of Birth Certificate
- ___ Copy of some form of identification: Identification card/Driver's Permit/Passport
- ___ Copy of Marriage Certificate (if applicable)

Three (3) letters of references or recommendations. Your recommenders must have known you for a minimum of one year and must have known you well enough to complete the evaluation questions with confidence.

- ___ Current or last employer
- ___ Former professor or teacher
- ___ Other professional person not related to the applicant

For Non-nationals/Immigrants:

- ___ Copy of Bio Data pages of passport
- ___ Copy of page with current/updated immigration stamp
- ___ Copy of resident certificate
- ___ Copy of CSME Skills Certificate
- ___ Copy of Work Permit
- ___ Any other supporting documents

For Vice-presidents, Directors:

- ___ Short autobiographical sketch, which can include your short-term and long-term plans; hobbies; aspects of your work which you have enjoyed the most etc.

Optional:

- ___ Any additional information you may deem necessary



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APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS, ANSWERING ALL RELEVANT QUESTIONS.

PERSONAL INFORMATION				
Position Sought:		Department:		
How did you hear of the vacancy?		Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Job share		
Have you previously worked within the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		Do you have any relatives employed by USC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name:		
Last Name:		Maiden Name:		
First Name:	Middle Name:	Prefix: (Mr. Mrs. Ms. Dr. other-specify)		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: dd/mm/yyyy	Nationality:		
Country of Birth:	Citizenship:	Residence:		
Address (Trinidad):		Mailing Address (Trinidad):		
Length of stay at present address (Trinidad): year(s) month(s) day(s)			Phone No (Trinidad):	
Mobile No.:	Fax No.:	Email Address:		
Religion: (RC, Anglican, Pentecostal, SDA, Hindu, Muslim, Baptist, other-specify)		Church Office(s) currently being held (if any):		
Name of Pastor/Religious Leader/Priest:		Name of Church and Location:		
ID Card No.:	DP No.:	NIS No.:	BIR No.:	
If you are an expatriate, you will need to enter citizenship, and passport information here. If you have dual nationality, enter the country of your 2nd nationality in the 2nd country box.				
Country of Citizenship:	Passport No.:	Issue Date:	Expiry Date:	2 nd Country

MEDICAL

Do you have any past or current medical condition which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role? Yes No
 If yes, please describe in detail:

Do you smoke? Yes No

Do you consume alcohol? Yes No

MARITAL INFORMATION

Present Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other-specify	Date of Marriage: dd/mm/yyyy	Spouse's Date of Birth: dd/mm/yyyy
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Spouse's Last Name	Spouse's Maiden Name	Spouse's First Name	Spouse's Middle Name
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Are you presently living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give address of spouse:	Type of custody for children: <input type="checkbox"/> Joint <input type="checkbox"/> Single
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Child's Last Name:	First Name:	Middle Name:	Date of Birth: dd/mm/yyyy	Age:
Child's Last Name:	First Name:	Middle Name:	Date of Birth: dd/mm/yyyy	Age:
Child's Last Name:	First Name:	Middle Name:	Date of Birth: dd/mm/yyyy	Age:

EMERGENCY CONTACTS

Identify persons to be contacted in case of emergency. If possible, at least one contact should be located in Trinidad & Tobago.

Primary Contact Last Name:	First Name:	Relationship to Applicant:
Address:		Phone No.:

Last Name:	First Name:	Relationship to Applicant:
Address:		Phone No.:

EDUCATION – TERTIARY

List all professional and tertiary qualifications such as degrees, certificates and diplomas.

Name and Address of Institution	Date Attended		Examination Body/Level	Area of Study	Degree & Class of Degree
	From (mm/yyyy)	To (mm/yyyy)			

EDUCATION – OTHER

List all other education or training you have received such as Secondary, vocational or technical. For each subject entered, insert either grade or proficiency level. Graduate level job applicants may omit this section.

Name and Address of Institution	Date Attended		Examination Body/Level	Area of Study	Proficiency or Grade
	From (mm/yyyy)	To (mm/yyyy)			

LANGUAGES

FOREIGN LANGUAGES	SPEAK			READ			WRITE		
	Basic	Good	Fluent	Basic	Good	Fluent	Basic	Good	Fluent

EMPLOYMENT HISTORY

List in chronological order, starting with most recent.

Name of Institution/Organization:		Address:	
Employer's Name and Job Title:		Phone No.:	Email:
Ending Job Title:		Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy
Duties and Responsibilities:			
Reason for Leaving:			
Name of Institution/Organization:		Address:	
Employer's Name and Job Title:		Phone No.:	Email:
Ending Job Title:		Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy
Duties and Responsibilities:			

Reason for Leaving:		
Employer's Name and Job Title:	Phone No.:	Email:
Ending Job Title:	Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy
Duties and Responsibilities:		
Reason for Leaving:		
Name of Institution/Organization:	Address:	
Employer's Name and Job Title:	Phone No.:	Email:
Ending Job Title:	Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy
Duties and Responsibilities:		
Reason for Leaving:		

MEMBERSHIP

Please indicate all clubs, societies, civic or fraternal organizations to which you are or have been a member:

Organization Name	Membership Date	Active	Non-Active

REFEREES

Please provide three (3) THREE referees, one from current or last employer, one from former professor/teacher and one from a professional person that is not related to the applicant.

Last Name:	First Name:	Job Title:
Name and Address of Institution/Organization:		Reference Type: Professional <input type="checkbox"/> Former Employer <input type="checkbox"/> Professor /Teacher <input type="checkbox"/>
Phone No.:	Fax No.:	Email:
Last Name:	First Name:	Job Title:
Name and Address of Institution/Organization:		Reference Type: Professional <input type="checkbox"/> Former Employer <input type="checkbox"/> Professor /Teacher <input type="checkbox"/>
Phone No.:	Fax No.:	Email:
Last Name:	First Name:	Job Title:

Name and Address of Institution/Organization:		Reference Type: Professional <input type="checkbox"/>
		Former Employer <input type="checkbox"/>
		Professor /Teacher <input type="checkbox"/>
Phone No.:	Fax No.:	Email:

DECLARATION AND SIGNATURE

I declare that the information I have given is to the best of my knowledge true and correct so that it may be stored and used. I understand that giving false information will disqualify my application or if discovered after appointment, may be grounds for dismissal.

Applicant's Signature: _____ Date: _____
dd/ mm/yyyy

The University wishes to thank all applicants for their interest; however, only short-listed applicants will be contacted.

• Phone: 1-868-662-2241/2, Exts. 1120-6 & 1109 • Fax: 1-868-645-2372 •
 • Mailing Address: Maracas Royal Road, St. Joseph or P.O. Box 175, Port of Spain, Trinidad, W.I. •
 • Website: <http://www.usc.edu.tt> • • Email Address: hr@usc.edu.tt •