

APPLICANT'S NAME: _____

**EASTERN CARIBBEAN SECURITIES EXCHANGE
P O BOX 94, BASSETERRE, ST KITTS**



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Date of Application:

Position:

Please return this form to ECSE by: _____

Please ensure that:

- (i) the application form is properly completed***
- (ii) all requested documents are attached***
- (iii) requirements of advertisement are met***

Applications that do not meet the above criteria will not be acknowledged or considered.

INSTRUCTIONSPlease answer *each* question.**Type or print in ink. Use additional paper if necessary.****Read carefully.**

1. Family Name		First Name		Middle Name		Maiden Name, if applicable								
2. Date of Birth		3. Place of Birth		4. Nationality at Birth		5. Present Nationality		6. Gender						
7. Marital Status:		Single <input type="checkbox"/>		Married <input type="checkbox"/>		Separated <input type="checkbox"/>		Widowed <input type="checkbox"/>		Divorced <input type="checkbox"/>				
8. Permanent Address				9. Present Address				10. Present Telephone No. Home: Work:						
11. Have you any dependents? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is "Yes" give the following information:														
Name			Date of Birth		Relationship			Name			Date of Birth		Relationship	
12. Name, Relationship, and Address of next of kin:														
13. What is your preferred field of work?														
14. Have you previously submitted an application for employment with the ECSE? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" give date _____														
15. KNOWLEDGE OF LANGUAGES														
LANGUAGE		READ		WRITE		SPEAK		UNDERSTAND						
		Easily	Not Easily	Easily	Not Easily	Easily	Not Easily	Easily	Not Easily					
16. For Clerical grades only – indicate speed in words per minute								List any office machines or equipment you can use						
Typing		English		Other Languages										
Shorthand														

17. EDUCATION: Give full details

A. University of Specialised Training

Name, Place and Country	Years Attended		Degrees and Certificates Obtained (please indicate grade)	Main Course of Study
	From	To		

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 12 (eg high school, technical school, or apprenticeship)

Name, Place and Country	Type	Years Attended		Subjects Obtained (please indicate grades)
		From	To	

18. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

19. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN

20. LIST ANY AWARDS RECEIVED

21. EMPLOYMENT RECORD (Start with the present or last employment and go backwards)

Name and Address of Employer	Period Employed		Title of Post and Brief Description of Duties	Reason for Leaving	Last Salary
	From	To			

22. LIST YOUR MAJOR CONTRIBUTIONS TO YOUR CURRENT OR LAST EMPLOYER:

23. Have you ever been convicted of a criminal offence (excluding minor traffic violations)? Yes No
 If "Yes", give full particulars of each case in an attached statement.

23. If offered employment how soon after can you assume duty?

24. HEALTH: (A) Do you suffer from any serious disability? Yes No
 (B) Have you had any serious illness or operation? Yes No

25. REFERENCES: List **two** persons not related to you who are familiar with your character and qualifications.

Name	Full Address	Business or Occupation

26. I certify that the information in this form is true and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Eastern Caribbean Securities Exchange renders a staff member of the Exchange liable to termination or dismissal.

Date: _____ Signature: _____

NOTE: The maximum period of validity for an application for employment form is one year.