



THE ACCREDITATION COUNCIL OF TRINIDAD AND TOBAGO

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

| | | |
|---|---|--------------|
| Position Applied For: | | |
| First Name: | Middle Name : | Last Name: |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| No. of Dependents: | Ages of Dependents: | |
| NIS No.: | BIR No.: | |
| ID/DP/Passport: | Issue Date: | Expiry Date: |
| If you are a Non-National, are you authorised to work in Trinidad and Tobago Yes <input type="checkbox"/> No <input type="checkbox"/> Work Permit No. (if applicable): | | |

CONTACT INFORMATION

| | | |
|------------------|---------------------------------|--------------------|
| Home Address: | Mailing Address (If Different): | |
| Residential No.: | Mobile No.: | Best time to call: |
| Email Address: | | |

EDUCATION - TERTIARY

Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas. (Most recent first)

| Name and Address of Institution | Date Attended | | Qualification | Year Earned | Year Expected To Earn | Major/ Minor Area of Study |
|---------------------------------|---------------|----|---------------|-------------|-----------------------|----------------------------|
| | From | To | | | | |
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EDUCATION - OTHER

Enter details of any other education you have received, e.g. Secondary, Technical/Vocational. For each subject entered, insert either grade or proficiency level.

| Name and Address of Institution | Date Attended | | Examining Body | Subject | Grade/ Proficiency | Level Attained |
|---------------------------------|---------------|----|----------------|---------|--------------------|----------------|
| | From | To | | | | |
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OTHER TRAINING, SKILLS AND ABILITIES

Describe any other special qualifications, competencies, courses or workshops completed which relate to the position for which you are applying:

| Course / Workshop | Date Attended | | Competency (E.g. Certificate of Participation) |
|-------------------|---------------|----|--|
| | From | To | |
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EMPLOYMENT HISTORY & EXPERIENCE

(Please add a page if necessary)

Please start from the most recent employer.

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|---------------|------------------------------|------------------------------|
| Organisation: | Duties and Responsibilities: | |
| Address: | | |
| Phone No.: | | |
| Position: | | |
| Start Date: | | End Date: |
| Organisation: | | Duties and Responsibilities: |
| Address: | | |
| Phone No.: | | |
| Position: | | |
| Start Date: | | End Date: |
| Organisation: | | Duties and Responsibilities: |
| Address: | | |
| Phone No.: | | |
| Position: | | |
| Start Date: | | End Date: |
| Organisation: | | Duties and Responsibilities: |
| Address: | | |
| Phone No.: | | |
| Position: | | |
| Start Date: | | End Date: |

MEMBERSHIP

Enter membership of any professional, civic or community service organisation.

| Organisation | Membership Date | Level of involvement |
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EMERGENCY CONTACT

State person to be contacted in case of an emergency.

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|---|---------------------------|
| Primary Contact Name: (First, Last) | Relationship to Employee: |
| Address: | Home No.: |
| | Mobile No.: |

REFEREES

You must provide the names of at least TWO (2) referees, at least ONE (1) of whom should be a member of your present organisation.

| | | |
|---------------------|---------------|---|
| Name (First, Last): | Organisation: | Job Title: |
| Address: | | Reference Type: Professional <input type="checkbox"/> |
| | | Personal <input type="checkbox"/> |
| | | Both <input type="checkbox"/> |
| Phone No.: | Fax: | Email: |
| Name (First, Last): | Organisation: | Job Title: |
| Address: | | Reference Type: Professional <input type="checkbox"/> |
| | | Personal <input type="checkbox"/> |
| | | Both <input type="checkbox"/> |
| Phone No.: | Fax: | Email: |

I certify that, to the best of my knowledge and belief, all the information on and attached to this application for employment, is true, correct and made in good faith. I am aware that failure to provide true and accurate information in this application may be cause for denial of employment or dismissal in the event of employment.

Applicant's Signature: _____ **Date:** _____