



Please Complete All Sections

PERSONAL DATA

Name: _____
FIRST MIDDLE LAST

Marital Status: _____ Maiden Name (if applicable): _____

Address: _____

How long have you lived at this address? _____

Previous Address: _____

Contact Information: _____
Home Telephone Mobile Telephone

Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____ No. of Dependents: _____ Ages: _____

NIS No.: _____ TRN No.: _____ FHP No.: _____

Next of kin (Contact in case of emergency): _____ Relationship: _____

Address: _____

Telephone: _____
Home Telephone Work Telephone Mobile Telephone

Citizenship: _____ If you are not a citizen of Jamaica, what is your status? _____

Name of Doctor: _____ Doctor's Telephone Number: _____

DETAILS OF EDUCATION * Schools and Dates

	Name of Institution	From	To	Course/Programme/Subjects /courses done.	Results
High School					
College or University					
Vocational or Trade Institution					
Other					



WORK EXPERIENCE:

(Start with present/last job first) Are you employed at present? Yes No

1. Present/Last Job Title: _____

Employers Name: _____

Address: _____

Date Employed: From _____ To: _____ Full Time Part Time

Duties: _____

Supervisor's Name (If different from above): _____

Salary Received: J\$ _____ per annum; J\$ _____ per month

Reason for leaving/wanting to leave: _____

2. Present/Last Job Title: _____

Employers Name: _____

Address: _____

Date Employed: From _____ To: _____ Full Time Part Time

Duties: _____

Supervisor's Name (If different from above): _____

Salary Received: J\$ _____ per annum; J\$ _____ per month

Reason for leaving/wanting to leave: _____

3. Present/Last Job Title: _____

Employers Name: _____

Address: _____

Date Employed: From _____ To: _____ Full Time Part Time

Duties: _____

Supervisor's Name (If different from above): _____

Salary Received: J\$ _____ per annum; J\$ _____ per month

Reason for leaving/wanting to leave: _____



ADDITIONAL INFORMATION

Salary Expected: J\$ _____ per annum gross net

Are you free to travel out of town and stay overnight, for up to 3 days, if required?	Yes	No
Are you prepared to work Friday Nights, Saturdays and/or Sundays if required?	Yes	No
Are you willing to work shifts (AM & PM)	Yes	No
Are you willing to work overtime?	Yes	No
Do you have a driver's license?	Yes	No
Are you the owner of/or have regular access to a car?	Yes	No
Do you have any relatives at Mother's	Yes	No
If yes, give names: _____		

HEALTH INFORMATION

Are you pregnant	Yes	No
Have you ever suffered from any of the following?		
Sickle Cell	Yes	No
Diabetes	Yes	No
High Blood Pressure	Yes	No
Asthma	Yes	No
Heart Trouble	Yes	No
Do you have any problem with your:		
Vision?	Yes	No
Speech?	Yes	No
Hearing?	Yes	No

If you answered yes to any of the above, please explain:

REFERENCES:

1. PROFESSIONAL

Name: _____
Address: _____

Telephone Number: _____

2. PERSONAL

Name: _____
Address: _____

Telephone Number: _____

I declare that the above information is correct and understand that any false or misleading information on the application could lead to immediate termination of employment.

Signature of Applicant:

Date.....



FOR HRD USE ONLY

NEW RECRUITMENT CHECKLIST

EMPLOYEE'S NAME: _____

EMPLOYEE #: _____

STARTING DATE: _____

RECEIVED FROM EMPLOYEE	ISSUED TO EMPLOYEE
<input type="checkbox"/> Completed and signed application form – Recruit <input type="checkbox"/> Reference Letters (2) <input type="checkbox"/> NIS number <input type="checkbox"/> TRN Card <input type="checkbox"/> Food Handler's Permit <input type="checkbox"/> 1 Passport photograph <input type="checkbox"/> P45 form <input type="checkbox"/> Internal Competency Test <input type="checkbox"/> Relevant Certificates (CXC/University, etc.) <input type="checkbox"/> B.N.S. Account number	<p><u>UNIFORMS</u></p> <input type="checkbox"/> Pants - N () R () - Size - <input type="checkbox"/> Shirts - N () R () - Size - XS - S - M - L - XL - XXL <input type="checkbox"/> Cap (s) <input type="checkbox"/> Name Tag <input type="checkbox"/> Apron <input type="checkbox"/> Lab Coat <input type="checkbox"/> Back Strap
<p><u>INFORMATION TECHNOLOGY</u></p> <input type="checkbox"/> Set up E-mail (if applicable) <input type="checkbox"/> Set up password to access system (If applicable) <input type="checkbox"/> Cell Phone <input type="checkbox"/> Laptop <input type="checkbox"/> Phone Code <input type="checkbox"/> Copy Machine Code	<p><u>OTHER</u></p> <input type="checkbox"/> Job Description <input type="checkbox"/> On-the-Job Training Form <input type="checkbox"/> Quickpay Card <input type="checkbox"/> Keys (Desk/Office) <input type="checkbox"/> Employee Handbook / Commitment Form <input type="checkbox"/> Computer Use Policy <input type="checkbox"/> Laptop Policy <input type="checkbox"/> Motor Vehicle Policy <input type="checkbox"/> Work Schedule Agreement <input type="checkbox"/> Complimentary Vouchers /Addition to Signatory List <input type="checkbox"/> CREDCON Check
<p>_____ SIGNATURE OF H.R. DEPT. REP.</p>	<p>RECEIVED BY: _____ (Employee)</p>
<p>_____ DATE</p>	<p>_____ DATE</p>