



**CAYMAN ISLANDS AIRPORTS AUTHORITY
Employment Application Form**

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

FOR OFFICIAL USE:

POSITION APPLIED FOR: _____

Name _____			
Last	First	Middle	Maiden
Physical address _____			
Number	Street	District	
Mailing Address _____			
Telephone (h) _____ (w) _____ (cell) _____ (e-mail) _____			
Date of birth (d) _____ (m) _____ (y) _____ Nationality _____			
Marital Status: _____ No. of Dependents _____			
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your means of transportation to work? _____			
COMPUTER/TYPING SKILLS			
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Typing <input type="checkbox"/> No _____ WPM	Word Processing	<input type="checkbox"/> No _____ WPM	
Personal Computer <input type="checkbox"/> Yes	Other _____		
<input type="checkbox"/> No Mac <input type="checkbox"/>	Skills _____		

EDUCATION			
NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	SUBJECTS PASSED (INCLUDING GRADE) MAJOR & DEGREE
High School			
College			
Business or Trade School			
OTHER			

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APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

Please attach in a SEALED ENVELOPE, a recent Police Record _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company's name. **Attach additional sheets if necessary.**

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Work Experience Continued **Attach additional sheets if necessary.**

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

If successful with employment when will you be available for work?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice, if I have gained employment with the CIAA. I hereby give the CIAA permission to contact schools, previous employers (unless otherwise indicated), references, and others as deemed necessary.

Signature of applicant _____ **Date:** _____

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
 Married Yes No If married, how long? _____ Single Separated Divorced Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	RESIDENT IN C.I

**TO BE COMPLETED
BY EMPLOYER**

Date of employment _____ Job title _____ Dept. _____
 Location _____ Rate of pay _____ Full-time Part-time Salaried
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing employment _____