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(CSR.7)

ANTIGUA AND BARBUDA

APPLICATION FOR EMPLOYMENT IN THE CIVIL SERVICE

Form to be filled out by the Applicant and returned to:

The Chief Establishment Officer
Establishment Department & Civil Service Affairs
Redcliffe Street & Friendly Alley
St. John's
Antigua, West Indies

Please attach
recent
passport size
photograph
here

A PERSONAL DETAILS

Please use **BLOCK CAPITALS**

Date of Application: Month:..... Day:..... Year:.....

Title: Mr. Mrs. Miss Ms. Dr.

Last Name:

First Name:

Middle Name (s):

Gender: Male Female Marital Status: Single Married Divorced Widowed

Date of Birth: Month Day Year Age last birthday:.....

(Original birth certificate should be attached along with photocopy of each certificate. The original will be returned.)

Country and Place of Birth: Citizen of Antigua/Barbuda: Yes No

Passport Details: Nationality: Number:

Date/Place issued: Type: Expires:

Present Address of Applicant:
.....
.....

Contact: Telephone No.: Fax No.: E-mail Address:

Social Security No.: Medical Benefit No.: Education Levy No.:

Present Occupation(s):

Full Name of Spouse and Address:
.....

Spouse's nationality and place of birth:

Number of Children: Son (s) Age respectively
..... Daughter (s) Age respectively

Name and Address of person to notify in case of an emergency or accident [including telephone number (s)].

Name of next to Kin: Relationship to you:

Contact Number: Address of next to Kin:

Appointment desired:

[Turn Over]

B Education and Training

IMPORANT: This application is not considered complete unless accompanied by original and certified copies of certificates, diplomas and degrees received as well as academic transcripts of courses followed and grades or marks obtained.

Name of Educational Institution and Country	Year Attended		Certificates, Diplomas, Degrees: Indicate main subjects	Please list subject/grade obtained
	From	To		
Secondary, Technical, etc.				
Post-Secondary, University or Equivalent				

Other Studies

Please give details of any other studies undertaken, including training/refresher courses.

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C Previous Professional Activities

Employment or experience from completion of education to present time. Please list current occupation first and then your two (2) most recent previous posts.

Employment	Date of Service		Responsibilities	Reason for leaving
	From	To		

D Personal References

Give the names, addresses, telephone numbers of two referees. They should be responsible persons who know you well, either in private life or in business, and at least one should be acquainted with your private life.

The names of relatives or those from whom you send testimonials should not be given.

Full Name	Present Occupation	Address	Telephone No.	Period during which the person has known you

Testimonials:

You should submit not more than four references, to cover as far as possible your education and each subsequent stage of your career. The original reference and one copy of each should be sent. The former will be returned after inspection.

All referees should be acquainted with you for at least two (2) year.

E Applicant's Statement

I do hereby certify that the information I have provided is complete and accurate.

Signature of Applicant: Date: