WATER CORPORATION OF ANGUILLA

General Application for Employment in the Water Corporation of Anguilla



This form is to be filled in by the applicant in blue or black ink, in his/her own handwriting and returned to:

Water Corporation of Anguilla, Crocus Hill, Anguilla

1. Position(s) desired	d, in order of preference:								
2. PERSONAL INFOR	RMATION (Please ensure ALL	sections a	re 1	fully completed in (CAPITA	L letters)			
Prefix: Mr Mrs Miss Ms Dr		First Name		Middle/Other Name(s)					
Surname/Family Name:									
Preferred Name:	Anguilla Social Security No:	Date of B	Birth	n:	Age last birthday:				
					0				
Home Address:	Postal Address:	Sex: Male Fer					Female		
		E-Mail:							
		E-IVIAII.							
Place and country of birth: Nationality:									
If naturalised or a belonger of Ang	guilla please state number	1		Date)				
And name in which certificate was	granted (if different from above) _								
Passport Number: Date				te and place of issue:					
Marital Status									
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated									
Name of Spouse: Address:									
Place and country of birth:	Date of Birth:	Nationality: Telephone No.:			:				
If naturalised or a belonger of Anguilla please state number Date									
And name in which certificate was granted (if different from above)									
Next of Kin/ Emergency Contac	t (Please state Name, Address & Relation	ship if different	fror	m Spouse)	_				
Name:	Address:	Relationship: Telephone No.:).:				
Number of Children (Age 18 or Nar	Gender Date of Birth								

Religious Denomination:	Specia	al Needs	/Disabili	ties:			
3. EDUCATIONAL INFORMATION (A complete re	ecord of	your ed	ducation	n is req	uired)		
University	T						
Name & Address of Institution	Dates		Qualificat		lification & Dat	е	Level/Grade
College Name & Address of Institution		Detec	-	Ougl	lification 0 Det		Laval/Crada
Name & Address of Institution		Dates		Quai	lification & Dat	e	Level/Grade
Secondary School							
Name & Address of Institution		Dates		Qual	lification & Dat	е	Level/Grade
Other education and professional training:							
other cadeation and processional training.							
Are you or have you been a member or affiliate of any Club, As If, yes please give details below.	sociatio	on or otl	her Orga	anisatio	ons? No		Yes
Special Interests & Extra-Curricula Activities					T		
Name of Organisation	Name of Organisation		Dates Me			mbership Status	
Membership in Professional Bodies							
Name of Organisation			Dates		Membership Status		ip Status
4 DEDOONAL OWN LO DEVEL OBLIENT							
4. PERSONAL/SKILLS DEVELOPMENT (Please g This should include local and overseas workshops and seminars wheth							
Type/area of Development/Skill	01 01 1101 11	loy word j			Exposure		ficiency Level
							_

5.	RECORD OF E Position(s) Held:	MPLOYMENT (dates in order, present Name & Address of Employer		Dates	 	20250	on for Lea	vina
		Name & Address of Employer	From		<u> </u>	\case		
					<u> </u>			
	se state your present ba	•				_		
<mark>6.</mark> Priva		STMENT INFORMATION choldings, direct (Please tick \(\nabla \) relevant box)						
(a)		ny private work for remuneration?			Yes		No	
	•				Yes			
(b)	•	ny work for public boards or committees?			Yes		No	
(c)	•	ny private agency work?			163	Ц	No	
(d)		y investment or shareholding in any company ther direct or indirect interest in such compan		n business	Yes		No	
(e)	Do you possess any	y direct or indirect interest in any local busine	ess or unde	ertaking	Yes		No	
(f)	Do you engage dire	ctly of indirectly in any trade or in any comme	ercial unde	rtaking?	Yes		No	
(g)	Does your spouse engage directly or indirectly in any employment on Anguilla or hold any interest in a trade, business, company or commercial enterprise on Anguilla which conflicts or may conflict with the efficient and proper performance of your duties?			iilla or hold guilla which	Yes		No	
	conflicts or may con	flict with the efficient and proper performance	e ot your at	Jties?				

If you I	nave answered yes to any of the questions, please give part	iculars and details below
In t		e required to divest yourself of such investments or interests itute conflicts of interest.
7.	PERSONAL REFERENCES AND TESTIMO	NIALS
(a)	Give the names and address of two referees. They shoul in business. The names of relatives should not be given.	d be responsible persons who know you well, either in private life or
Name:		Name:
Addres	SS:	Address:
(b)	You should submit with this application form (Please tick ✓ i (i) An original birth certificate or properly notarized of (ii) Naturalisation or Belonger certificate (iii) Original qualification certificates or properly nota (iv) Not less than three testimonials to cover your ed testimonials should be sent). (v) A police recommendation, no older than 6 month (vi) One recent colour passport sized photographs state why any of the above relevant for your application have	rized copies ucation and past and present employment. (The original as covering the past 5 years
8.	AVAILABILITY	
(a)	If offered an appointment, how soon would you be availab	ole?
(b)	What length of notice must you give your present employed	er?
9.	APPLICANT'S PERSONAL TESTIMONY (Ple elsewhere on this form)	ease include here any information relevant to your application not included

10. APPLICANT'S STATEMENT							
I understand that this application is not a contract of employment.							
I understand that the Water Corporation of Anguilla will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorise all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.							
I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.							
Signature of Applicant Date							
N.B. If additional space is needed to complete any part of this form please attach a separate sheet.							
FOR OFFICIAL USE ONLY							
TER COMPORATION OF HE							
Received By: Date:							
Notes:							
Successful Short listed Reconsider Unsuccessful another time							
Entered in System By: Date:							
Verified By: Date:							