CONFIDENTIAL

Judicial and Legal Services Commission Employment Application

THIS FORM MUST BE COMPLETED FULLY, USING BLACK INK OR TYPE. ATTACH ADDITIONAL PAGES IF NEEDED. INCOMPLETE APPLICATION FORMS OR APPLICATIONS RECEIVED AFTER THE CLOSING DATE MAY NOT BE CONSIDERED.

Post Applied For:			
Ministry/Portfolio:			
SECTION 1: Personal Details			
Last Name:		First Name:	
Middle Name:		Maiden Name (if applic	able):
Any other names used:			
Mailing Address:			
Street Address:			
E-mail Address:			
Telephone Numbers:	Home:	Cell:	Work:
Date of Birth (dd/mm/yyyy):		Nationality:	
If you are not Caymanian, what is your immigration status in the Cayman Islands?			
Permanent Resident:		Off Island:	
Work Permit Holder:		Expiry Date (dd/mm	/yyyy):
On Government Contract	ct:	Expiry Date (dd/mm	/уууу):
Other (please explain):			
Have you been previously employed within the Cayman Islands Civil Service? Yes No If yes, please indicate post(s) held and dates of service			

Section 2: Present Employment/Last Employer (if unemployed) Name of Employer: Department/Section: Address: **Post Title:** Date of Salary: **Appointment:** Brief description of duties: **Period of Notice** Last day of service (if no longer Required: employed): **Reason for leaving** (if no longer employed): Section 3: Previous Employment (starting with most recent employer) 1. Name of Employer: Address: **Position Held:** Period of mm yyyy to mm уууу **Employment:** Summary of **Duties:** Reason for Leaving:

2. Name of Emp	loyer:					
Address:						
Position Held:		Period of Employment:	mm	уууу to	mm	уууу
Summary of Duties:						
Reason for Leavin	ıg:					
3. Name of Emp	loyer:					
Address:						
Position Held:		Period of Employment:	mm	уууу to	mm	уууу
Summary of Duties:						
Reason for Leavin	ıg:					

Section 4: Education

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/	Course Details
Management Qualifications	
Current Membership in any Profest membership:	ssional/Technical Associations – please state level of
	in to an a compress about it management

Continue on a separate sheet if necessary

Section 5: Training and Development

Title of Training Programme or Course	Length of Course	Area (s) of Focus
Continue on a separate sheet if nece	2000414	
Section 6: Personal Stater		
SPUNDIN PRISONAL STATE		
Section 6. Personal States		

0("			
Continue on a s	-		who will accompany	you for the duration	of your contract
			who will accompany en under the age of		or your contract.
Marital Status:			Spouse's Name:		
Names and ages	s of Depender	its:			
Names and ages of Dependents:					
Section 8: 0	Conviction	ıs			
Have you ever b (except minor ro			fence		
If so, please prov	/ide details:		<u>'</u>		
Section 9: I	Disciplina	y Proceedii	ngs		
Have you ever be proceedings?	een the subje	ct of any discipli	inary		
If so, please prov	/ide details:		- 1	·	

Section 10: Other Issues Have you ever been involved in any other issues that could cause embarrassment to the Cayman Islands Government if you are selected? If so, please provide details: Are there any other matters which the Commission should be aware of which may be relevant to your appointment and which could affect a decision to employ you? If so, please provide details: **Section 11: References** Please give the names and details of two individuals who may be contacted as work-related referees, including your current or most recent employer. The Commission reserves the right to contact additional individual(s) and/or organization(s) it considers appropriate to help it complete its due diligence. If for some reason there is anyone whom you wish not to be contacted without your consent, please indicate this below, together with your reason. Reference 1 Reference 2 Name: Name: Position (job Position (job title): title): Work Work Relationship: Relationship: Organisation: Organisation: Address: Address: Telephone no.: Telephone no.: E-Mail: E-Mail: This referee may be contacted only with This referee may be contacted only with my consent: my consent: Reason: ___ Reason:

A job offer will not be made without at least two satisfactory references.

Section 12: Declaration

Please complete and sign the following declaration

I hereby certify that:	Please initial
 the information I have provided on this form is correct to the best of my knowledge, and may be verified by the Cayman Islands Government prior to or after my appointment; 	
 all questions have been accurately and fully answered; and 	
I possess all the qualifications which I claim to hold.	
I understand and agree that, if offered employment, I will be required to:	
 undergo a pre-employment medical examination. Adverse results of such examination may result in the withdrawal of the offer of employment; 	
 provide proof of my qualifications; and 	
 provide a police clearance certificate from my country of residence and such other place as as requested by the Cayman Islands Government. 	
The information you provide in your job application form will be treated confidentially at a only be disclosed to personnel involved in the recruitment process. If you accept this poinformation will be held alongside your Employment Agreement.	
By signing this application, you authorise the Cayman Islands Government to collect and information that is considered relevant to your application.	d/or verify any
Signed: Date:	

NOTE: FAILURE TO DISCLOSE RELEVANT DETAILS OR GIVING MISLEADING INFORMATION WILL CAUSE YOUR APPLICATION TO BE REJECTED OR IF YOU ARE ALREADY EMPLOYED IT COULD LEAD TO TERMINATION OF CONTRACT.

Candidates will receive written notification that their applications have been received. Candidates will normally be notified within one month if they have been selected for interview.

Thank you for your interest in working for the Cayman Islands Government.

Please submit completed form to:

Deborah Bodden | Manager | Commissions Secretariat | 1st Floor Cayman Corporate Centre deborah.bodden@gov.ky | P.O. Box 391 | George Town | KY1-1106 | Grand Cayman T +1 345 244-3687 | F +1 345 945-8649

For Official Use Only

Reference Number:	
Closing Date:	
Date Application Received:	
Date Application Acknowledged:	
Selected for an interview:	
Date Notified of Outcome:	
Manager Signature:	