



CONFIDENTIAL
APPLICATION FOR EMPLOYMENT
PORT AUTHORITY OF THE CAYMAN ISLANDS

Please affix
most recent full
faced passport
size photograph
here

Post Applied For: _____

Source of Vacancy: _____

Please provide all information. A resume may be attached. Incomplete applications will be rejected.

Surname: _____

First name: _____

Marital Status: Single Married Divorce Separated Widow

Applicant's Date of Birth: _____ Age: _____
(day/month/year)

Place of Birth: _____

Nationality: _____

Do you have Caymanian Status: YES NO
If yes, give date of issue: _____

If NO, are you married to a Caymanian: YES NO
or related to a Caymanian: YES NO

Postal Address: _____

Phone (Home): _____ (Work): _____
(cell): _____

Permanent Address: _____

Do you have a valid drivers license: YES NO

Do you own or have access to a car: YES NO

Do you have any health problems or disabilities:
YES NO If YES, explain: _____

What is your Immigration status in the Cayman Islands:

e.g. VISITOR/WORK PERMIT HOLDER/DEPENDENT OF GOVERNMENT EMPLOYEES/STUDENT RESIDENT ETC

Have you ever been denied a work permit: YES NO

If you hold a current Immigration Visitors or Residency permit please state when it expires: _____

Have you ever worked for the Port Authority: YES NO , which department: _____

If YES please state reason for leaving: _____

Do you have any relatives working for the Port Authority: YES NO If YES, state their names,
relationship to you, and the departments in which they work: _____

Have you ever been convicted of a criminal offence: YES NO If YES, please give details:

Continue on other side

<i>Work Experience</i>		<i>(list most recent job first)</i>		
Dates		Employer	Final Salary	Position Held / Responsibilities / Main Duty
From	To	(names and addresses)	(Indicate Currency)	

Desired Salary CI\$ _____

May we contact your previous employers: YES NO

1. Company Name: _____ Phone: _____

Address: _____

Person to contact: _____ Best time to call: _____

2. Company Name: _____ Phone: _____

Address: _____

Person to contact: _____ Best time to call: _____

3. Company Name: _____ Phone: _____

Address: _____

Person to contact: _____ Best time to call: _____

Education (after the age of thirteen)

Dates		Schools	List all subjects (e.g.: GCE,GCSE,CXC) studied or passed with grades or certificates obtained
From	To	(names and addresses)	

Continue on other side

Dates From To		Universities and Colleges (names and address)	Degrees / Qualifications

Other Technical Training/Affiliations: _____

If selected, when could you start employment: _____

I declare that the preceding information is correct and true. I attach or can produce certificates of qualification on request.

Signed: _____

Date: _____

Comments: _____

Manager Human Resource
 Port Authority of the Cayman Islands
 P.O. Box 1358 GT
 Grand Cayman KY1-1108

When completed, please return this form to:

Note: Making FALSE statement will cause your application to be rejected or if you are appointed it could lead to dismissal

Human Resource Notes
