

# GOVERNMENT OF ANGUILLA

## General Application for Employment in the Anguilla Public Service



This form is to be filled in by the applicant in **blue** or **black** ink, in his/her own handwriting and returned to:  
 Department of Public Administration, James Ronald Webster Building,  
 Social Security Complex, The Valley, Anguilla  
[www.gov.ai](http://www.gov.ai)

### 1. Position(s) desired, in order of preference:

### 2. PERSONAL INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)

Prefix: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		First Name	Middle/Other Name(s)
<b>Surname/Family Name:</b>			
Preferred Name:	Anguilla Social Security No:	Date of Birth:	Age last birthday:
			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Postal Address:	Telephone No.:	
		E-Mail:	
Place and country of birth:		Nationality:	
<b>Immigration Status:</b> <input type="checkbox"/> Non-belonger <input type="checkbox"/> Belonger <input type="checkbox"/> Naturalized/Registered Other _____			
Reference number on Naturalization/Registration Certificate _____			
Passport Number:		Date and place of issue:	
<b>Marital Status:</b>			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Name of Spouse:		Address:	
Place and country of birth:	Date of Birth:	Nationality:	Telephone No.:
<b>Immigration Status:</b> <input type="checkbox"/> Non-belonger <input type="checkbox"/> Belonger <input type="checkbox"/> Naturalized/Registered Other _____			
Reference number on Naturalization/Registration Certificate _____			
<b>Next of Kin/ Emergency Contact</b> (Please state Name, Address & Relationship if different from Spouse)			
Name:	Address:	Relationship:	Telephone No.:
<b>Number of Children (Age 18 or under):</b>			
Name	Gender	Date of Birth	

Religious Denomination:	Special Needs/Disabilities:
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### 3. EDUCATIONAL INFORMATION (A complete record of your education is required)

University			
Name & Address of Institution	Dates	Qualification & Date	Level/Grade

College			
Name & Address of Institution	Dates	Qualification & Date	Level/Grade

Secondary School			
Name & Address of Institution	Dates	Qualification & Date	Level/Grade

Other education and professional training:			
Name & Address of Institution	Dates	Qualification & Date	Level/Grade

Are you or have you been a member or affiliate of any Club, Association or other Organisations?    No     Yes   
 If, yes please give details below.

Special Interests & Extra-Curricular Activities		
Name of Organisation	Dates	Membership Status

Membership in Professional Bodies		
Name of Organisation	Dates	Membership Status

### 4. PERSONAL/SKILLS DEVELOPMENT (Please give information on Personal/Skills Development in areas as given below. This should include local and overseas workshops and seminars whether or not they were job related. E.g. Computer, Languages, Technical)

Type/area of Development/Skill	Duration of Exposure	Proficiency Level


**5. RECORD OF EMPLOYMENT** (dates in order, present first)

Position(s) Held:	Name & Address of Employer	Dates		Reason for Leaving
		From	To	

Please state your present basic salary:

**6. PRIVATE INVESTMENT INFORMATION**

Private investments or Shareholdings, direct (Please tick ✓ relevant box)

- (a) Do you undertake any private work for remuneration? Yes  No
- (b) Do you undertake any work for public boards or committees? Yes  No
- (c) Do you undertake any private agency work? Yes  No
- (d) Do you possess any investment or shareholding in any company carrying on business in Anguilla or any other direct or indirect interest in such company? Yes  No
- (e) Do you possess any direct or indirect interest in any local business or undertaking? Yes  No
- (f) Do you engage directly or indirectly in any trade or in any commercial undertaking? 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? Yes  No

If you have answered yes to any of the questions, please give particulars and details below

*In the event that your application is successful you will be required to divest yourself of such investments or interests if they appear to constitute conflicts of interest.*

## 7. PERSONAL REFERENCES AND TESTIMONIALS

Give the names and address of two referees. They should be responsible persons who know you well, either in private life or in business. The names of relatives should not be given.

Name:	Name:
Address:	Address:

## 8. REQUIRED DOCUMENTS / ATTACHMENTS

Please submit with this application form (Tick ✓ items included) :

- |       |   |                          |
|-------|---|--------------------------|
| (i)   | An original birth certificate or properly notarized copy  | <input type="checkbox"/> |
| (ii)  | Naturalisation or Belonger certificate  | <input type="checkbox"/> |
| (iii) | Original qualification certificates or properly notarized copies  | <input type="checkbox"/> |
| (iv)  | Not less than three testimonials to cover your education and past and present employment. (The original testimonials should be sent). | <input type="checkbox"/> |
| (v)   | A police recommendation, no older than 6 months covering the past 5 years   | <input type="checkbox"/> |
| (vi)  | One recent colour passport sized photograph   | <input type="checkbox"/> |

Kindly state why any of the above, relevant to your application, have not been included:

## 9. AVAILABILITY

- (a) If offered an appointment, how soon would you be available?
- (b) What length of notice must you give your present employer?

## 10. APPLICANT'S PERSONAL TESTIMONY (Please include here any information relevant to your application not included elsewhere on this form)

**11. APPLICANT'S STATEMENT**

I understand that this application is not a contract of employment.

I understand that the Government 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**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes:**




Successful

Short listed

Reconsider another time

Unsuccessful

Entered in System By: \_\_\_\_\_

Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_