

Government of Anguilla Department of Labour

EMPLOYMENT REGISTRATION FORM

Former NBA Building P O Box 60, The Valley Anguilla Tel: (264) 497-3511 Fax: (264) 497-8317 Email:labour.mailbox@gov.ai

Please complete all sections. If a section does not apply please indicate by placing N/A next to it)

PΕ	ERSONAL
1.	Full Name
2.	Sex: Male Female
3.	Place of Birth
4.	Date of Birth
5.	Nationality
6.	Immigration Status: Belonger/Anguillian Non-Belonger
7.	Address
8.	Email
9.	Telephone
10.	.Marital Status
ΕI	DUCATION & TRAINING
11.	. Level of Education Completed – Primary Secondary Tertiary
Ot:	her (Specify)

EDUCATION & TRAINING

(Please indicate any Education qualifications and certification obtained as well as ongoing. For ongoing training please state the expected end date.)

INSTITUTION	<u>DATES</u>	QUALIFICATION	LEVEL/GRADE

13. Please list any other special skills you may have:	•••
	••
	•••

EXPERIENCE									
<u>Organisation</u>	From	<u>To</u>	Position Held	Reason for Leavin					
By signing, I hereby cer also provide consent f			entacted regarding we						