



EMPLOYMENT APPLICATION

(Please Print)

I. APPLICANT INFORMATION					
Last Name		First Name		M.I.	Date
Present Address					
Permanent Address (if different than above)					
Phone			E-mail Address		Date of Birth
Date Available	Desired Salary	National Insurance No.		National Health Insurance No. (NHIP)	
Position Applied for					
Are you a citizen of the Turks and Caicos? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the TCI? YES <input type="checkbox"/> NO <input type="checkbox"/>					
TCI Law prohibits the employment of unauthorized persons. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, work permit, etc.) before being hired.					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:					
Do you have any relatives who are presently (or have formerly been) employed by FortisTCI Limited.? If yes, please state who.					
How were you referred to FortisTCI Limited.?					
II. EDUCATIONAL HISTORY					
High School				Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Do you have passes in: Math YES <input type="checkbox"/> NO <input type="checkbox"/> English Language YES <input type="checkbox"/> NO <input type="checkbox"/>					
College				Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other				Address	
From				To	

III. REFERENCES*Please list three **professional** references.*

Full Name	Relationship
Company	Phone ()
Email	
Full Name	Relationship
Company	Phone ()
Email	
Full Name	Relationship
Company	Phone ()
Email	

IV. EMPLOYMENT RECORD*Please include all employment for the last five (5) years.*

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

V. WORK AVAILABILITY

If your application receives favorable consideration, when will you be available to begin work? _____

Do you have any objection to working overtime? YES NO

Can you work overtime without prior notice? YES NO

Can you work on Saturday? YES NO

Can you work on Sunday? YES NO

Can you travel if required by this position? YES NO

If yes, can you travel to the United States and Canada? YES NO

VI. DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date