



MANPOWER AND MAINTENANCE SERVICES LIMITED

1 Eureka Road Kingston 5 • Jamaica W.I.
 Tel.: (876) 920-4721-5' Fax: (876) 926-6143

EMPLOYMENT APPLICATION FORM

INSTRUCTIONS: PLEASE READ THE FOLLOWING PARTICULARS CAREFULLY BEFORE COMPLETING THIS FORM

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| 1. COMPLETE THE FORM IN YOUR OWN HANDWRITING |
| 2. ANY INCORRECT OR MISLEADING INFORMATION COULD RESULT IN INSTANTDISMISSAL. |
| 3. YOU MUST DISCLOSE INFROMATION OF ANY COURT ACTION IN WHICH YOU WERE INVOLVED. |
| 4. IF YOU ARE INVITED FOR AN INTERVIEW, YOU WILL BE REQUIRED TO TAKE ALONG ORIGINAL CERTIFICATES AND RECOMMENDATIONS. |

PERSONAL DATA

SURNAME:		FIRST NAME:		MIDDLE NAME:	
DATE OF BIRTH:		AGE:	GENDER: <input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE
COUNTRY OF BIRTH / NATIONALITY:		PARISH OF BIRTH:		DISTRICT:	
CURRENT ADDRESS:			MAILING ADDRESS: (if different)		
TIME LIVING AT CURRENT ADDRESS:			PREVIOUS ADDRESS:		
TEL. NUMBER:		N.I.S. NUMBER:		T.R.N. NUMBER:	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		NUMBER OF DEPENDENTS:		SPOUSE'S NAME:	
<input type="checkbox"/> OTHER <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		AGE OF DEPENDENTS:			
SPOUSE'S BUSINESS ADDRESS:		SPOUSE'S CONTACT NUMBERS: (Work)..... (cell)..... (home)			

EMERGENCY CONTACT DATA

EMERGENCY CONTACT NAME:	CONTACT ADDRESS:
RELATIONSHIP:	TELEPHONE NUMBER:
MOTHER'S NAME:	TELEPHONE NUMBER:
ADDRESS:	MOTHER'S BUSINESS NAME & ADDRESS:
FATHER'S NAME	TELEPHONE NUMBER:
ADDRESS	FATHER'S BUSINESS NAME & ADDRESS:
SISTER'S/BROTHER'S NAME :	TELEPHONE NUMBER:
ADDRESS:	NAME & ADDRESS OF EMPLOYER:

WORK EXPERIENCE / EMPLOYMENT HISTORY

POSITION BEING APPLIED:	DATE AVAILABLE TO START WORKING:	EXPECTED SALARY:
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DO YOU HAVE ANY PREVIOUS EXPERIENCE IN THE JOB BEING APPLIED FOR:
 YES NO (IF YES, HOW LONG):

PRESENT EMPLOYER'S NAME AND ADDRESS:	CURRENT JOB TITLE:	NAME OF SUPERVISOR:
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RESPONSIBILITIES:	SALARY:
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1) NAME AND ADDRESS OF PREVIOUS EMPLOYER:	PREVIOUS JOB TITLE:	TO WHOM DID YOU REPORT:
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RESPONSIBILITIES:

DATE OF AND REASON FOR LEAVING:	SALARY:
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2) NAME AND ADDRESS OF PREVIOUS EMPLOYER:	PREVIOUS JOB TITLE:	TO WHOM DID YOU REPORT:
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RESPONSIBILITIES:

DATE OF AND REASON FOR LEAVING:	SALARY:
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CAN A REFERENCE BE OBTAINED FROM YOUR PVIOUS EMPLOYER (S)?

EDUCATIONAL BACKGROUND

LIST SCHOOLS/COLLEGES ATTENDED	FROM	TO	EXAM PASSED	CERTIFICATE ATTAINED
a.				
b.				
c.				
d.				
e.				
f.				
g.				

DO YOU POSSESS A VALID AND CURRENT DRIVER'S LICENCE? YES NO

(IF YES, TICK TYPE OF LICENSE): PRIVATE GENERAL PPV

NUMBER _____ ISSUE DATE _____ EXPIRY DATE _____

DO YOU OWN A MOTOR VEHICLE? _____ IF YES, WHAT TYPE: _____

VEHICLE REGISTRATON #:

ARE YOU WILLING TO WORK ON SHIFT?

ARE YOU WILLING TO WORK ON SATURDAY/SUNDAY?.....

ARE YOU WILLING TO UNDERGO PRE & POST EMPLOYMENT DRUG TESTS AND POLICE CLEARANCE?.....

ARE YOU WILLING TO UNDERGO PRE & POST EMPLOYMENT POLYGRAPH TESTS?

ARE YOU WILLING TO UNDERGO PRE & POST EMPLOYMENT MEDICAL EXAMINATION?

WOULD YOU SERVE A THREE (3) MONTHS PROBATIONARY PERIOD?.....

DO YOU OWN OR RENT YOUR PRESENT RESIDENCE?.....

HAVE YOU EVER MADE AN APPLICATION TO THIS COMPANY BEFORE?.....

ARE YOU RELATED TO ANY OF THE COMPANY'S PRESENT OR PAST EMPLOYEES?..... IF YES,
WHAT IS THE RELATION?.....

WHAT ARE YOUR HOBBIES AND INTERESTS?.....

.....

ARE YOU A MEMBER OF ANY SOCIAL ORGANISATION? IF YES, WHICH SOCIAL
ORGANISATION(S)?

.....

WHAT IS YOUR RELIGION?

HAVE YOU EVER BEEN CONVICTED / CHARGED FOR / OF A CRIMINAL OFFENCE IN A COURT OF LAW?
YES NO (IF YES, FOR WHAT OFFENCE AND WHEN?)

.....

REFERENCES

(REFERENCES SHOULD NOTE BE RELATED TO YOU AND SHOULD BE KNOWN TO YOU FOR A MINIMUM OF TWO (2) YEARS)

NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1.....
2.....
3.....
4.....

Name :..... Signature:.....

Date:

**MANPOWER AND MAINTENACE SERVICES LIMITED
EMPLOYMENT APPLICATION FORM**

**PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE
CONFIDENTIAL**

Please answer each question truthfully

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have any physical impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you during the last three (3) years consulted, been treated or examined by a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, state where and the nature of ailment

- | | | |
|---|--------------------------|--------------------------|
| 3. Are you receiving or contemplating any medical attention or surgical treatment or taking medication? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If yes, please provide further information on the medical issue and medication or date of surgical treatment:

4. Have you been treated or been told that you had any of the following?

Headaches
High Blood Pressure
Heart Trouble
Diabetes
Asthma
Ulcer
Drug Abuse
Ear, Nose & Throat

Tuberculosis
Epilepsy
Alcoholism
Kidney Disorder
Back Injuries/Problems
Eye Ailments
Emotional Problems
Skin

5. List different type(s) of chronic diseases and allergies you may have

CHRONIC DISEASE

ALLERGIES

6. Do you have any other disease not listed anywhere on the application? YES NO
IF YES, Please state

DECLARATION OF APPLICANT:

I confirm that the information given is correct and understand that misleading statement(s) or deliberate omissions will be sufficient evidence for **termination of employment.**

Signature of Applicant: _____

Date: _____