



# THE NATIONAL INSURANCE BOARD

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_ 20 \_\_\_\_\_

NAME \_\_\_\_\_ (MAIDEN NAME) \_\_\_\_\_

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P.O. BOX \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ NATIONAL INSURANCE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ 19 \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE  FEMALE

MARITAL STATUS: SINGLE  ENGAGED  MARRIED  WIDOWED  SEPARATED  DIVORCED

NUMBER OF CHILDREN \_\_\_\_\_ NUMBER OF OTHER DEPENDENTS \_\_\_\_\_

WHO REFERRED YOU TO THIS ESTABLISHMENT? \_\_\_\_\_

POSTION DESIRED \_\_\_\_\_ FULL TIME  PART TIME

### PERSONAL INFORMATION

NAME OF NEAREST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DO YOU WORK ANYWHERE ELSE IN YOUR SPARE TIME? \_\_\_\_\_ WHERE? \_\_\_\_\_

NO. OF HOURS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW? YES  NO  IF YES, PLEASE EXPLAIN:

DO YOU HAVE A RELATIVE WORKING WITH THE BOARD?

NAME (S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES (DO NOT LIST RELATIVES)

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

DO YOU OWN A MOTOR VEHICLE? YES  NO  DO YOU HOLD A VALID DRIVER'S LICENSE? YES  NO

LIST YOUR FAVOURITE SPORTS, HOBBIES, INTERESTS: \_\_\_\_\_

ARE YOU PREPARED TO WORK IN THE FAMILY ISLANDS? YES  NO

### PHYSICAL INFORMATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOUR OF EYES \_\_\_\_\_ COLOUR OF HAIR \_\_\_\_\_

WHAT IS THE CONDITION OF YOUR HEALTH? EXCELLENT  GOOD  FAIR  POOR

HAVE YOU EVER HAD ANY TROUBLE WITH: HEART  LUNGS  HERNIA  ULCERS

(PLEASE CHECK) NERVOUS DISORDERS  ARE YOU PREGNANT? YES  NO

DATE AND NATURE OF LAST SIGNIFICANT (LOST TIME) ILLNESS OR AILMENT \_\_\_\_\_

HAVE YOU ANY HANDICAPS? SIGHT \_\_\_\_\_ HEARING \_\_\_\_\_ SPEECH \_\_\_\_\_ HANDS \_\_\_\_\_ FEET \_\_\_\_\_

ARE YOU WILLING TO TAKE A PHYSICAL EXAM? YES  NO

**EDUCATIONAL INFORMATION**

TYPE OF SCHOOL	NAME AND ADDRESS OF INSTITUTION	COURSES MAJORED IN	CHECK LAST YEAR COMPLETED				GRADUATE? GIVE DEGREE	LAST YEAR ATTENDED
			5	6	7	8		
ELEMENTARY							Yes [ ] No [ ]	19 _____
HIGH SCHOOL							Yes [ ] No [ ]	19 _____
COLLEGE								19 _____
COLLEGE								19 _____
GRADUATE SCHOOL								19 _____
OTHER TRAINING OR SCHOOLING			DURATION:				Yes [ ] No [ ]	19 _____
			DURATION:				Yes [ ] No [ ]	19 _____

EXAMS AND SUBJECTS PASSED IN HIGH SCHOOL \_\_\_\_\_

IN COLLEGE \_\_\_\_\_

**EMPLOYMENT INFORMATION**

ARE YOU CURRENTLY EMPLOYED? YES [ ] NO [ ]

MAY WE CONTACT YOUR PRESENT OR FORMER EMPLOYER? YES [ ] NO [ ]

START WITH MOST RECENT JOB AND WORK BACK	DATES	SALARY	YOUR POSITION (TITLE AND NATURE OF DUTIES)
Company _____ Address _____ Phone No. _____ Immediate Supervisor _____	From: _____ To: _____	\$ _____ Weekly Monthly	Position: _____ Description of Work: _____ Reason for Leaving: _____
Company _____ Address _____ Phone No. _____ Immediate Supervisor _____	From: _____ To: _____	\$ _____ Weekly Monthly	Position: _____ Description of Work: _____ Reason for Leaving: _____
Company _____ Address _____ Phone No. _____ Immediate Supervisor _____	From: _____ To: _____	\$ _____ Weekly Monthly	Position: _____ Description of Work: _____ Reason for Leaving: _____
Company _____ Address _____ Phone No. _____ Immediate Supervisor _____	From: _____ To: _____	\$ _____ Weekly Monthly	Position: _____ Description of Work: _____ Reason for Leaving: _____

All applicants will be required to submit test results for the use of Drug intake at their own expense.

**PLEASE NOTE:**

**DECLARATION**

I Certify that the information of this application, subject to verification by The National Insurance Board, is correct. I understand that any misleading or incorrect information may render the application void and may be cause for immediate dismissal in the event of my employment. I agree to abide by the employment rules of The National Insurance Board and to work such hours of shifts as may be deemed necessary by The National Insurance Board. Furthermore, I agree that upon termination of employment, any account which may be owing by me to The National Insurance Board may, at the discretion of the Board, be withheld from my final salary or wages.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**RATING**

APP \_\_\_\_\_ MA \_\_\_\_\_ PHYS \_\_\_\_\_ THO \_\_\_\_\_ MA \_\_\_\_\_ MAN \_\_\_\_\_ EXP \_\_\_\_\_ INI \_\_\_\_\_ TEMP \_\_\_\_\_  
ENG \_\_\_\_\_ BKGD \_\_\_\_\_ LSP \_\_\_\_\_ PERS \_\_\_\_\_ TYPE A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

REMARKS: \_\_\_\_\_