ANGUILLA AIR AND SEA PORTS AUTHORITY General Application for Employment in the Anguilla Air and Sea Ports Authority This form is to be completed by the applicant in blue or black ink, in his/her own handwriting and returned to the Human Resource Manager: at the Anguilla Air & Sea Ports Authority Faiplay Comercial Complex 1. POSITION (S) DESIRED, IN ORDER OF PREFERENCE:

1. POSITION (S) DESIRED, IN	ORDER (OF PREFE	RENCE:				
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2. PERSONAL INFORMATION	A CONTRACTOR OF THE PARTY OF TH	ire all section	The second second second second	THE RESERVE OF THE PARTY OF THE	in CAPITA	L letters)	
Prefix: Mr. Mrs.	Miss	Dr.	First Name			Middle/Others Name(s)	
Surname/Family Name:							
Preferred Name:	Anguilla So	ocial Securi	ty No.:	D.O.B:	Age last b	irthday:	
Address:				Sex:	М	F	
Place and country of birth:				Nationality			
•				Telephone:			
				E-Mail:			
Immigration Status: Non-belong	ger 🔲	Belonger	Naturali:	zed/Registere	ed 🗀	Other	
Reference number on Naturalization	on/Registrat	ion:					
Passport Number:				Date and p	lace of issue	3:	
Marital Status: Single	Married	[money	Other				
Name of Spouse:	, Turried	(managed)	Address:				
Place and Country of Birth:	Date of Bir	th:	National	ity:	Telephone	No:.	
Immigration Status: Non-belo	nger	Belonger	Naturali:	zed/Registere	ed C	Others	
Reference number on Naturalization			_	0.00			
Next of Kin/Emergency Contact(P		Name, Add	ress &Relat			 	
Name:	Address:			Relationsh	ip	Telephone No:	
Number of children (Age 18 or un Name	der):	,	Gender			Date of Birth	
							

ligious Denomination:		Special Needs/Disabilites			
3. EDUCATIONAL INFORMATION (A	complete i	ecord of yo	our education is requi	red)	
University	_				
	Date		Qualification&Date	Level/Grade	
			_		
		_			
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College Name & Address of Institution	Date		Qualification &Date	Level/Grade	
Name & Address of Institution	Date		Quantification &Date	Ecven Grade	
				_	
Secondary School					
Name & Address of Institution	Date				
			_		
Other Education and a feet and the initial	<u> </u>				
Other Education and professional training	1		1		
			-		
Are you or have you been a member or aff	filliate of a	ny club, As	sociation or other Or	ganisation?	
if, yes please give details below.					
		Dates	Members	hip Status	
Name of Organisation					
			-		
Membership in Professional Bodies	TO JUSTINE S	Territoria.			
Name of Organisation		Date	Membersh	ip Status	
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4. PERSONAL/SKILLS DEVELPOMEN					
This should include local and overseas workshop and se	minars whether	er or not they v	vere job realted E.g Compute	er, Languages, Technical)	
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Type/area of Development/Skill	Duration	of Exposur	e Proficienc	cy Level	
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				_	

		Dates		Reason for leaving	
		From	To		
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PERSONAL REFE	ERENCES AND TESTIMONIALS				
) Give the names and	address of two referees. They should be	e responsible p	ersons who	o know you well, either in	
rivate life or in busines	ss. The names of relatives must not be g	given.		*	
lame:		Name:			
Address:		Address:			
b) You should sub	bmit with this application (please	e tick Items i	ncluded)	11	
5	bmit with this application (please riginal birth certificate or a prope			:	
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Please note a 5 year background check with former employer(s) is a mandatory requirement.
I understand that this is not a contract of employment.
I understand that the Anguilla Air and Seaports Authority will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and interviews. I authorise all individual schools and firm 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.
Signature of Applicant Date
N.B It additional space is needed to complete any part of this form please attach a separate sheet
For official use only
Received by: Date:
Successful Short listed Reconsider Unsuccessful another time Entered in system BY: Date: