



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: _____