

COMPLETION OF EMPLOYMENT APPLICATION

Please find attached our Employment Application form for you to complete. Please submit a recent full face (Passport sized or 8x10) photo with your application.

In filling out the form, please take note of the following:

1. Read the application fully, including any special instructions.
2. Print clearly.
3. It is very important to fill out the form appropriately, accurately, truthfully & completely.
4. Answer all questions on the form. When something doesn't apply to you, write N/A for Not Applicable. When the correct answer would be None, write None.
5. Please read carefully and take note of the statement on the form which is located above your signature at the end of the application form.
6. In order for your application to be complete and considered, it must be submitted with a valid Cayman Islands Police Record. If you are not residing in the Cayman Islands &/or require a work permit for gainful employment you do not need to submit a police record at this time.
7. A copy of proof of citizenship must accompany this application.

We anticipate your kind and prompt completion and return of same to us within ten (10) days so we can proceed with your application.

Please note that only applicants that are shortlisted for an interview will be contacted. All others will be placed on file for 6-12 months

Regards,

ASSOCIATED INDUSTRIES, LTD



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CONFIDENTIAL
EMPLOYMENT APPLICATION FORM
PLEASE PRINT CLEARLY

IT IS IMPORTANT THAT YOU COMPLETE THIS APPLICATION FULLY AND TRUTHFULLY. PLEASE NOTE THAT FAILURE TO DISCLOSE RELEVANT DETAILS OR GIVING MISLEADING INFORMATION WILL CAUSE YOUR APPLICATION TO BE REJECTED OR IF YOU ARE APPOINTED IT COULD LEAD TO TERMINATION OF CONTRACT.

SECTION 1: Personal Details

Name: _____ Age: _____
Last First Middle Initial

Date of Birth: _____ Sex: M F
(Day / Month / Year)

Physical Address: _____

How long have you lived at the above address? _____

Mailing Address: _____

Contact Phone #: _____ Email: _____

Are you a Caymanian? Yes No If not a Caymanian, what nationality are you? _____

Do you have Caymanian Status? Yes No If yes, please provide proof.

Do you have Permanent Residency in Cayman with the Right to Work? Yes No If Yes, please provide proof.

Marital Status: Single Engaged Married Separated Divorced Widowed

Number of dependents: _____ Number of children: _____ Ages of children: _____

Are you fully COVID-19 vaccinated Yes No If yes, please provide proof of COVID-19 vaccination.

Do you want to work: Full time Part time – specify days and hours if part-time:

Position applied for: _____ Rate of pay expected \$ _____ per _____

Have you worked for us before? Yes No If yes, when? _____

Name any friends or relatives working for us and relationship: _____

If hired, what date will you be available to start work? _____

Do you have any physical handicaps which would prevent you from performing specific kinds of work? Yes No

If yes, explain your limitations _____

Have you had a serious illness in the past 5 years? Yes No (Describe) _____

Have you ever been convicted of a crime, or charged? Yes No (Describe) _____

What languages other than English do you speak fluently? _____

Person to be notified in case of accident or emergency: Name: _____

Relationship: _____ Phone: _____ E-mail: _____

Address: _____

Mother's name: _____ Father's name: _____

Are you hampered by religion or otherwise from working any certain days or hours for this job? Yes No

If Yes, state: _____

How many days have you missed from work (or would have missed) in the past 12 months? And why? _____

What are your career goals? _____

Do you plan to further your studies? Yes No If Yes, Explain _____

What was your reason for leaving (or wanting to leave) your last/current employment? _____

How much notice did you give (or you will give) your previous/present employer? _____

Do you have a C.I. Drivers License? Yes No If so, what type(s) _____ Group (s) _____

How long have you had a valid driver's license? _____

SECTION 2: Present Employment (If not employed give details of last employer)

Company: _____

Address: _____

Job title: _____ Supervisor: _____

Start Date of employment: _____

Briefly Describe Duties: _____

Period Notice Required _____ Last day of service(if no longer employed) _____

Reason for leaving (if no longer employed) _____

SECTION 3: Work History (Most recent employer first)

Company 1: _____

Address: _____

Job title: _____ Supervisor: _____

Start Date of employment: _____ End date of Employment: _____

Briefly Describe Duties: _____

Reason for leaving (if no longer employed): _____

Company 2: _____

Address: _____

Job title: _____ Supervisor: _____

Start Date of employment: _____ End Date of employment: _____

Briefly Describe Duties: _____

Reason for leaving (if no longer employed) _____

Have you ever been bonded? Yes No If Yes, on what job(s) _____

Does your present employer know of your plans to change employment? Yes No

May we contact the employers listed in this application form? Yes No
(If not, indicate below which ones you do not wish us to contact.)

SECTION 4: Education

School	Name and City	How Many Years Attended	Graduated?	Course/Major
Grammar			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training or Education			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any other experience, skills or qualifications which you think are relevant: _____

SECTION 5: References

	Reference 1	Reference 2
Name:		
Job Title:		
Organisation:		
Work Relationship:		
Address:		
Phone Number:		
Email:		
This referee may be contacted at any stage during the recruitment process	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
This Referee may be contacted only if shortlisted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: Declaration

I hereby authorize investigation of any and all statements contained in this application. I **understand that if employed, false statements on this application shall be sufficient cause for dismissal**. I understand and agree that if employed, my employment is for no definite period. I understand that if employed, there will be a probation period of six months which may be extended by mutual agreement for an additional six months. I understand that regardless of the date of payment of my wages or salary, my employment may be terminated during the probation period at any time without prior notice.

Date: _____ Signature: _____
 (Day / Month / Year)

