

CAYMAN ISLANDS AIRPORTS AUTHORITY Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

FOR OFFICIAL USE:	

POSITION APPLIED FOR:						
Name	Last	First	Middle Maiden			
Physical address	Lasi		Wader Wader			
1 Hydical address	Number	Street	District			
Mailing Address						
			(e-mail)			
Date of birth (d)	(m)	(y)Na	ationality			
)			
DO YOU HAVE A DRI	VER'S LICENSE2 DI	Yes □ No				
what is your means or	transportation to work? _	COMPUTER/TYPING	e l			
		SKILLS				
☐ Yes		Word	□ Yes			
Typing ☐ No	WPM	Processing	g □ No WPM			
Personal □ Yes		_				
Computer ☐ No	Mac □					
	1	EDUCATION				
NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	SUBJECTS PASSED (INCLUDING GRADE) MAJOR & DEGREE			
High School	,	-				
College						
Business or Trade						
School						
OTHER						
OTTIER						

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME?	□ No □ Yes						
Please attach in a SEALED ENVELOPE, a recent Police Record	1						
Please list two references other than relatives or previous emplo	Please list two references other than relatives or previous employers.						
Name	Name						
Position	Position						
Company	Company						
Address	Address						
Telephone ()	Telephone ()						
An application form sometimes makes it difficult for an individual space below to summarize any additional information necessary which you are applying.	to adequately summarize a complete background. Use the to describe your full qualifications for the specific position for						

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	1

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give company's name. Attach additional sheets if necessary.						
Name of employ Address	уег	Name of last supervisor	Employment dates	Pay or salary		
Phone number			From	Start		
			То	Final		
		Your last job title	Your last job title			
Reason for leaving (be specific)						
List the jobs you	u held, duties performed, skills used or learned	, advancements or pro	motions while you wo	rked at this company.		
		T	T	I		
Name of employ Address	уег	Name of last supervisor	Employment dates	Pay or salary		
Phone number		From	Start			
			То	Final		
		Your Last Job Title				
Reason for leaving (be specific)						
List the jobs you	u held, duties performed, skills used or learned	, advancements or pro	motions while you wo	rked at this company.		
Name of employ Address	уег	Name of last supervisor	Employment dates	Pay or salary		
Phone number			From	Start		
			То	Final		
Your last job title						
Reason for leav	ing (be specific)					
List the jobs you company.	u held, duties performed, skills used or learned	, advancements or pro	motions while you wo	rked at this		

Work Attach additional sheets Experience Continued	if necess	sary.				
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary	
Phone number				From	Start	
				То	Final	
			Your last job title			
Reason for leaving (be specific)						
May we contact your present employer?	☐ Yes	□ No				
Did you complete this application yourself	□ Yes	□ No				
If not, who did?						
If successful with employment when will you	ı be avail	able for w	ork?			
If successful with employment when will you	ı be avail	able for w	/ork?			
If successful with employment when will you			vork?			

PLEASE READ CAREFULLY					
APPLICATION FORM WAIVER					
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice, if I have gained employment with the CIAA. I hereby give the CIAA permission to contact schools, previous employers (unless otherwise indicated), references, and others as deemed necessary.					
Signature of applicant Date:					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM							
TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED							
- 		Birth date					
Married ☐ Yes ☐ No If married, how long?		☐ Single ☐ Separated ☐ Divorced ☐ Widowed					
Full name of spouse		Occupation					
Name of company		Telephone	()				
PERSON	TO BE NOTIFIED) IN CASE OF	EMERGENO	CY			
Name		Telephone	()				
Address		Relationshi	ip				
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS							
NAME RELAT		ONSHIP	BIF	RTH DATE	RESIDENT IN C.I		
	TO BE C	OMPLETED MPLOYER					
	BYEN	MPLOYER					
Date of employment	Job title		Dept				
Location Rate of pay			D F	ull-time 🛭 Pa	rt-time 🚨 Salaried		
Applicant's signature acknowledging above	information						
Drug test confirmation number							
Name of person verifying information							
Name of person authorizing employment							