

WATER AND SEWERAGE AUTHORITY



APPLICATION FOR EMPLOYMENT

Please complete the form using BLOCK LETTERS.

Place Photo
Here

1. PERSONAL INFORMATION:

First Name:

Middle Name:

Last Name:

Maiden Name (if applicable):

Date of Birth (dd/mm/yyyy): / / Gender: Female Male

If not a citizen, state Nationality:

(Please attach a copy of relevant documents)

Work Permit #:

Marital Status: Single Married Common Law Widowed Divorced

Father's Name

First Name:

Last Name:

Mother's Maiden Name:

(Above information should be provided even if parents are deceased)

2. IDENTIFICATION: (A copy of your National ID and Electronic Birth Certificate **must** be furnished)

Birth Certificate /Pin No.: Passport No.:

National ID:

Are you the holder of a valid drivers' license? Yes No

Driver's License No.:

Manual Automatic Class: 1 2 3 4 5 6 7

(Please tick the class (s) that you hold)

3. CONTACT DETAILS:

Address:

City/Town:

Contact No. (Home): - Contact No. (Mobile) #1: -

Contact No. (Mobile) #2: -

Email (Personal):

4. MAILING ADDRESS (If different from above):

Address 1:

City/Town:

5. EMERGENCY CONTACT:

First Name:

Last Name: Relationship:

Contact # (H): - Contact # (C): -

Email:

6. Highest Level of Education Attained:

None Primary Secondary Tertiary Technical / Vocational

EDUCATION DETAILS: (Copies of certificates **must** be attached to Application Form)

Certification Name <i>(e.g. BSc. Management/ Dip. in Education/ Biology – II/)</i>	Qualification Level <i>(e.g. Degree/Diploma/ A'Level/O'Level)</i>	Date Awarded <i>(dd/mm/yyyy)</i>	Awarding Body <i>(e.g. UTT/UWI/CAPE/CXC)</i>

7. EMPLOYMENT INFORMATION: Please provide details of the last three positions held.

Employer	Position(s) Held	From <i>(mm/yyyy)</i>	To <i>(mm/yyyy)</i>	Reason for exit

Have you ever been charged/convicted of any offence? Yes No

If yes, please state conviction: _____

If selected, are you willing to submit a pre-employment drug-screening test? Yes No

8. REFERENCES:

Referee #1

Name:

Address:

Contact: - Relationship:

E-mail Address:

Referee #2

Name:

Address:

Contact: - Relationship:

E-mail Address:

Please State the Position Desired:

Please State Your Date of Availability:

I declare that the information contained in this application is accurate and complete. I understand that false information may render my application void, or may lead to immediate termination of employment at any point in the future, if already engaged by the Authority. I authorise the verification of any or all information listed above. I agree to serve at any of the Authority's locations throughout Trinidad and Tobago.

Applicant's Signature

Date (dd/mm/yyyy)

<i>For Official Use Only: HR Department</i>	
Certificate of Good Character	
Submission of Police Character Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Receipts will not be accepted.	