APPLICATION FOR APPOINTMENT TO THE PUBLIC SERVICE OF BARBADOS

Form to be filled in by the Applicant and returned to the Director General , E. Humphrey Walcott Building, Cr Culloden Rd and Collymore Rock, St. Michael or emailed to vacancy@mps.gov.bb

1. APPLICATION FOR THE POST OF:

2. SURNAME Christian Name(s)

Permanent Address

Date of Birth

Place of Birth

Age last birthday ..... years

3. SINGLE, MARRIED, WIDOW(ER), DIVORCED

Husband's full name
Wife's full maiden

Huband's
Wife's place of birth

Number of Children: Sons – Ages
Daughters – Ages

4. EDUCATION	School/College	Period	
		From	To
(1) Primary			
(2) Secondary			
(3) Other			

5. QUALIFICATIONS

Examining Body	Stage or Level	Year	Subjects

[SEE OVER

6. EMPLOYMENT FROM COMPLETION OF EDUCATION TO PRESENT TIME

Post Held	Employer	Period	
		From	To

7. PERSONAL REFERENCES

(1) Name:

Address:

Occupation:

Period during which he/she has known you:

(2) Name:

Address:

Occupation:

Period during which he/she has known you:

(Give the names and addresses of two referees. They should be responsible persons who know you well, either in private life or in business; and one at least should be acquainted with you in private life.)

(The names of relatives must not be given, nor those of distinguished persons unless they know you well.)

8. TESTIMONIALS

(1) Name:

Address:

Occupation:

(2) Name:

Address:

Occupation:

(Testimonials from your referees should not be sent.) *Original Testimonials must NOT be submitted, ONLY COPIES*

9. TELEPHONE

Give the number if you can be reached by telephone

10. ANY OTHER INFORMATION:

Date .....

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Signature of Applicant.