P	UBLIC SERVICE	PENSION H	BOARD			
	General Application	on for Employr	ment			
	lic Service Pension Board, Ground		er own handwriting and returned to: ebster Building,			
1. Position(s) desire	ed, in order of preference:					
2. PERSONAL INFO	RMATION (Please ensure AL	L sections are fully con	npleted in CAPITAL letters)			
Prefix: Mr Mrs M	liss 🗌 Ms 🗍 Dr	First Name	Middle/Other Name(s)			
Surname/Family Name:						
Preferred Name:	Anguilla Social Security No:	Date of Birth:	Age last birthday:			
			Sex: Male Female			
Home Address:	Postal Address:	Telephone No.:				
		E-Mail:				
Place and country of birth:		Nationality:				
Immigration Status: Belo	nger 🛛 Naturalized 🗌	Non-belonger Other	r			
Reference number on Naturalisa	ation Certificate					
Passport Number: Date and place of issue:						
Marital Status						
Single	Married Widowed					
Name of Spouse:		Addres	55.			
Place and country of birth:	Date of Birth:	Nationality: Telephone No.:				
Immigration Status: Belo	nger INaturalized I	Non-belonger Othe	er			
Reference number on Naturaliza	ation Certificate					
Next of Kin/ Emergency Contact Name:	ct (Please state Name, Address & Relation Address:	nship if different from Spouse) Relationsh				
Name.		Relationsh				
Number of Children (Age 18 or	-					
Name		Gender	Date of Birth			
			P			
Religious Denomination:		Special Needs/Disabilities:				

3. EDI	JCATIONAL INFORMATION (A compl	ete record of	your edu	cation is req	uired)		
University	Name & Address of Institution		Dates	Qual	ification & Date	Level/Grade	
College							
College	Name & Address of Institution		Dates	Qual	ification & Date	Level/Grade	
Secondary S							
	Name & Address of Institution		Dates	Qual	ification & Date	Level/Grade	
Other educat	ion and professional training:						
lf, yes pleas	ave you been a member or affiliate of any Clu se give details below.	ıb, Associatic	on or othe	r Organisatio	ons? No	Yes	
Special Inter	ests & Extra-Curricula Activities Name of Organisation		C	Dates	ership Status		
Membership	in Professional Bodies		-	<u> </u>			
	Name of Organisation	me of Organisation		Dates		Membership Status	
4. PEI	RSONAL/SKILLS DEVELOPMENT (Plant) should include local and overseas workshops and seminars	ease give informative	ation on Pers	sonal/Skills Deve	lopment in areas as	s given below.	
1110 0	Type/area of Development/Skill			Duration of		Proficiency Level	

F	osition(s) Held:	Name & Address of Employer	Da	ates		Reason for Lea		aving
			From	То				
					_			
		· .		1				
leas	e state your present ba	sic salary:						
) .		STMENT INFORMATION						
rivat	e investments or Share	eholdings, direct (Please tick ✓ relevant box)						
a)	Do you undertake a	ny private work for remuneration?			Yes		No	
o)	Do you undertake a	ny work for public boards or committees?			Yes		No	
c)	Do you undertake a	ny private agency work?			Yes		No	
d)		y investment or shareholding in any company ther direct or indirect interest in such compan		business	Yes		No	
,					Yes			
e)	Do you possess an	y direct or indirect interest in any local busine	ss or underta	aking		_	No	
f)	Do you engage dire	ctly of indirectly in any trade or in any comme	ercial underta	king?	Yes		No	
g)	Does your spouse engage directly or indirectly in any employment on Anguilla or hold any interest in a trade, business, company or commercial enterprise on Anguilla which conflicts or may conflict with the efficient and proper performance of your duties?			Yes		No		
lf vou	have answered ves to	any of the questions, please give particulars	and details h	elow				
you		any of the questions, please give particulars		ciow				

7.	PERSONAL REFERENCES AND TES	STIMONIALS				
(a)	Give the names and address of two referees. They should be responsible persons who know you well, either in private life or in business. The names of relatives should not be given.					
Name		Name:				
Addres	SS:	Address:				
(b)	You should submit with this application form (Please	se tick ✓ items included) :				
	 An original birth certificate or properly no Naturalization or Belonger certificate Original qualification certificates or properior Not less than three testimonials to cover testimonials should be sent). One recent colour passport sized photog 	erly notarized copies				
Please	e state why any of the above relevant for your applica	ation have not been included:				
8.	AVAILABILITY					
(a)	If offered an appointment, how soon would you be	e available?				
(b)	What length of notice must you give your present	employer?				
9.	APPLICANT'S PERSONAL TESTIMO elsewhere on this form)	DNY (Please include here any information relevant to your application not included				

10. APPLICANT'S STATEMENT

I understand that this application is not a contract of employment.

I understand that the Public Service Pension Board will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorise all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____

Date_____

N.B.	.B. If additional space is needed to complete any part of this form please attach a separate sheet.					
FOR OFFICIAL USE ONLY						
Received By: _	Date:	_				
	<u>Notes:</u>					
	B B B B B B B B B B					
	Successful Short listed Reconsider Unsuccessful another time					
Entered in Sys	em By: Date:	-				
Verified By:	Date:	-				