



**Government of the Commonwealth of Dominica  
Establishment, Personnel and Training Department**

**Application for Employment Form**

**PERSONAL INFORMATION**

**Name:**

**Last**

**First**

**Middle**

**Maiden**

**Title:** Ms. Mr. Mrs. Dr. (other specify )

**Date of Birth:** Day Month Year **Social Security Number**

**Present Address:**

**Contact Numbers:**

**Email Address:**

**EDUCATION:** (certified copies of all certificates to be provided)

Type of School	Names of School	Dates Attended from – to	Location	Certificate/Diploma Degree Earned

**Professional Certifications and Training**


**QUALIFICATIONS OBTAINED:** (certified copies of all certificates to be provided)

ORDINARY LEVEL (GCE OR CXC)

<u>Subject</u>	<u>Grade (basic or General)</u>	<u>Year</u>
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ADVANCED LEVEL (GCE)

<u>Subject</u>	<u>Grade</u>	<u>Year</u>
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DOMINICA STATE COLLEGE (ASSOCIATE DEGREE)

**EMPLOYMENT HISTORY:**

Current Employer:

Brief Description of duties

Previous Employers and Brief Description of Duties:

**BACKGROUND INFORMATION:**

Please provide the name and address of references:

I certify that the information contained in this application and any attachment is true and complete. I understand that any wilful misrepresentation, false statement or omission by me in this application will be cause for rejection of my application or termination of my employment. I authorize investigations to verify all information provided in this application and any attachment and I release all persons and organizations from liability for providing or receiving information. I further understand that this is just an application for employment and not an employment contract.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**COMPLETED FORMS SHOULD BE  
RETURNED TO:**

The Chief Personnel Officer  
Establishment, Personnel and Training Department  
Government Headquarters  
Roseau  
Commonwealth of Dominica

Tel: (767) 266 3274  
Fax: (767) 448 5044  
E-mail address: establishment@dominica.gov.dm