



APPLICATION FOR EMPLOYMENT
PLEASE PROVIDE A VALID POLICE RECORD WITH APPLICATION

P.O. BOX 10058 APO • GRAND CAYMAN • CAYMAN ISLANDS, BWI • TEL: (345)-949-4133 • FAX: (345)-949-6725 • Email: shannamerren@hurleysgroup.com

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for _____

Name _____

LAST

FIRST

MIDDLE

Address _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ Date of Birth ____/____/____

Caymanian ____ Yes ____ No (Please attach copy if applicable) Status ____ Resident w/Right to Work Place of Birth _____

____ Married ____ Single ____ Male ____ Female Children ____ Yes ____ No If yes, ages _____

Have you ever been employed here before? ____ Yes ____ No If yes, when & position held _____ Are you pregnant? ____ Yes ____ No

Are you legally eligible for employment in this country? ____ Yes ____ No Do you have a permit? ____ Yes ____ No Expiration Date _____

Date available for work? ____/____/____ Are you able to meet the attendance requirements of the position? ____ Yes ____ No

Type of employment desired ____ Full-Time ____ Part-Time ____ Temp ____ Seasonal ____ Educational co-op

Have you ever been convicted of a crime in the last (7) Years? ____ Yes ____ No

If yes, please explain _____

Conviction will NOT necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State/Country _____

Employment History

Please provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
TITLE		REASON FOR LEAVING	
		HOURLY RATE/SALARY	
		START \$	PER
		FINAL \$	PER

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
TITLE		REASON FOR LEAVING	
		HOURLY RATE/SALARY	
		START \$	PER
		FINAL \$	PER

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
TITLE		REASON FOR LEAVING	
		HOURLY RATE/SALARY	
		START \$	PER
			FINAL \$ PER

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
TITLE		REASON FOR LEAVING	
		HOURLY RATE/SALARY	
		START \$	PER
			FINAL \$ PER

Do you have any disabilities that prevent you from performing any job-related functions in the position for which you are applying?

Yes No If yes, explain _____

Educational Background (if job related)

NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Please read and sign

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from all liability the employer and its representatives for seeking, gathering and obtaining such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior cause or notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by law. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant Date ____/____/____