

## ANJO Wholesale EMPLOYMENT APPLICATION FORM

LAST Name \_\_\_\_\_  
Last

FIRST Names \_\_\_\_\_  
First
Middle

Residential Address \_\_\_\_\_  
 Emergency Contact( Name, Address, Telephone) \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Medical Benefit # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
D M Y

Position Desired \_\_\_\_\_ Expected Salary \_\_\_\_\_

Marital Status S  M  Name of Spouse or Partner \_\_\_\_\_

Are you related to anyone employed by us? Yes  No  If so Whom? \_\_\_\_\_

Are you acquainted with any of our employees? Yes  No  If so, Whom? \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

### SKILLS

Computer Literate  Commercial Driving

Are you able to meet the attendance requirements of the job? Yes  No

Are you able to meet the performance requirements of the job? Yes  No

Are there any conditions which prevents you carrying out the duties and requirements of the job? Yes  No

Are you willing to take a pre-employment skills test? Yes  No

### EDUCATION

Name & Address	Diploma/Certificate	Year Completed	Subjects passed & Grade (i.e.. CXC/GCE)
High School			
Post Sec./College or University			

Other Studies \_\_\_\_\_

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### EMPLOYMENT

List your present or most recent position first

Employment	Date of Service		Duties/Responsibilities	Reason for Leaving
	From	To		
1				
2				
3				
4				

### REFERENCES

Name	Occupation & Work location	Contact Number
1		
2		
3		

Have you ever been asked to resign or been discharged/terminated for cause? \_\_\_\_\_

Are you authorized to work in Antigua holding a valid work permit?      Yes       No

Why do you wish to work with ANJO Wholesale \_\_\_\_\_

Candidate Affirmation: I hereby affirm that the forgoing statements are true and correct, and that I have not have not knowingly withheld any facts or circumstances which may detrimentally affect my employment.

Candidate Authorization: I hereby authorize Anjo Wholesale to contact my schools, employers and references for any information that they may have concerning me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE FILLED BY INTERVIEWER

Remarks			
Referred to	Date	Dept.	School Inquires
Starting Date	Job Type & Level	Job Title	Former Empl. Inquires
Starting Salary	Person Being replaced	Interviewer	