



**CONFIDENTIAL**  
**APPLICATION FOR EMPLOYMENT**  
**PORT AUTHORITY OF THE CAYMAN ISLANDS**

Please affix  
most recent full  
faced passport  
size photograph  
here

Post Applied For: \_\_\_\_\_

Source of Vacancy: \_\_\_\_\_

Please provide all information. A resume may be attached. Incomplete applications will be rejected.

Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Marital Status: Single / Married / Divorce / Separated / Widow  
Applicant's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(day/month/year)  
Nationality: \_\_\_\_\_  
Do you have Caymanian Status: YES / NO  
If yes, give date of issue: \_\_\_\_\_  
If NO, are you married to a Caymanian: YES / NO  
or related to a Caymanian: YES / NO

Postal Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
(cell): \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Do you have a valid drivers license: YES / NO  
Do you own or have access to a car: YES / NO  
Do you have any health problems or disabilities:  
YES / NO If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your Immigration status in the Cayman Islands:  
\_\_\_\_\_  
e.g. VISITOR/WORK PERMIT HOLDER/DEPENDENT OF GOVERNMENT EMPLOYEES/STUDENT RESIDENT ETC  
Have you ever been denied a work permit: YES / NO  
If you hold a current Immigration Visitors or Residency permit please state when it expires: \_\_\_\_\_  
Have you ever worked for the Port Authority: YES / NO, which department: \_\_\_\_\_  
If YES please state reason for leaving: \_\_\_\_\_  
Do you have any relatives working for the Port Authority: YES / NO If YES, state their names,  
relationship to you, and the departments in which they work: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been convicted of a criminal offence: YES / NO If YES, please give details:  
\_\_\_\_\_  
\_\_\_\_\_

<i>Work Experience</i>		<i>(list most recent job first)</i>		
Dates		Employer	Final Salary	Position Held / Responsibilities / Main Duty
From	To	(names and addresses)	(Indicate Currency)	

Desired Salary CI\$ \_\_\_\_\_

May we contact your previous employers: YES / NO

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Best time to call: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Best time to call: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Best time to call: \_\_\_\_\_

*Education (after the age of thirteen)*

Dates		Schools	List all subjects (e.g.: GCE,GCSE,CXC) studied or passed with grades or certificates obtained
From	To	(names and addresses)	

Continue on other side

Dates From            To		Universities and Colleges (names and address)	Degrees / Qualifications

Other Technical Training/Affiliations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If selected, when could you start employment: \_\_\_\_\_  
 \_\_\_\_\_

I declare that the preceding information is correct and true. I attach or can produce certificates of qualification on request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Manager Human Resource  
 Port Authority of the Cayman Islands  
 P.O. Box 1358 GT  
 Grand Cayman KY1-1108

When completed, please return this form to:

Note: Making FALSE statement will cause your application to be rejected or if you are appointed it could lead to dismissal

