

**21. EDUCATION AND TRAINING**

Please indicate the highest level of education you have completed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not a High School graduate        | <input type="checkbox"/> Associate's degree               | <input type="checkbox"/> Master's degree              |
| <input type="checkbox"/> G.E.D.                            | <input type="checkbox"/> Between Associate's & Bachelor's | <input type="checkbox"/> Between Master's & Doctorate |
| <input type="checkbox"/> G.C.S.E                           | <input type="checkbox"/> Bachelor's degree                | <input type="checkbox"/> Doctorate degree             |
| <input type="checkbox"/> High School graduate              | <input type="checkbox"/> Between Bachelor's & Master's    | <input type="checkbox"/> Post-Doctorate               |
| <input type="checkbox"/> Between High School & Associate's |   |   |

If you have an equivalency diploma (G.E.D.), what is the issuing agency? \_\_\_\_\_

Names and Addresses of all schools attended (List High School, Business/Tech & College)	Dates Attended		Type of Training received or Major Subjects studied	Credit Hours	Diploma, Degree, Licence received and dates received	Grade Point Avg.
	From	To				

22. Other training courses undertaken/Supplementary details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If there is insufficient space to list education and training information, please continue on a separate sheet of paper and attach to this form).*

**23. AGREEMENT**

**Note: Please review this form to make sure you have properly answered all questions. Please read the following statement carefully before signing.**

Should you be employed and it is discovered that you made any false or incorrect statements or omitted any facts in filling out this application, it will be considered grounds for dismissal. You will, as a condition of employment, be expected to abide by all rules and regulations of the Company relating to health, safety and security that are now in force or that may be put in force. If you accept employment, you are subject to the Workers Compensation Laws of the Cayman Islands.

I hereby certify that I have read the above agreement and that in signing this application for employment it is done with the understanding that all statements are subject to investigation. I authorise and instruct you and/or your designate representative to make any investigation concerning information about my character, general reputation, credit, personal characteristics, medical history and mode of living. My previous employers may be asked for information relative to my employment record with them. I hereby release from all liability or damage those individuals or corporations who provide such information.

I hereby agree and understand that should I be employed, my employment shall, at all times, be at the will and pleasure of CUC and that I can be terminated at any time with notice.

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

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