



Please Attach
Recent Photo

Application for Internship and Work Experience Programme

Caribbean Utilities Company, Ltd. is an equal opportunity employer.

Caribbean Utilities Company, Ltd. does not discriminate. It is our intention that all qualified applicants are given an equal opportunity and that selection decisions be based only on job-related factors.

Each question should be fully and accurately answered. This application will not be processed until all questions have been answered. Please use blank paper if you do not have enough room to answer any question on this application.

PLEASE PRINT, except for signature, on this application.

PERSONAL INFORMATION

Last Name _____ First Name _____

Middle Name _____ Sex Male Female Date of Birth _____

Nationality: _____

Physical Address _____

Postal Address _____

Home Phone Number _____ Email Address _____

Cell Phone Number _____

Where can we leave a message? Home Phone Email Cell Phone

Name of Parent or Guardian _____

Parent or Guardian's Contact Information: Work _____ Home _____ Cell _____

E-mail Address _____

Do you have Health Insurance Coverage? Yes No

If Yes, which Health Insurance Provider? _____

EMPLOYMENT DESIRED

Career Interest _____

What program are you applying under School Work Experience Program Annual Technical & Vocational Program

College Student Internship Other

Date available to work (to & from) _____

Have you ever applied at Caribbean Utilities Company, Ltd.? Yes No

If yes, when? _____ For what position? _____

Have you ever worked for Caribbean Utilities Company, Ltd.? Yes No

If yes, when? _____ Position held? _____

Do you have any relatives or friends currently employed at Caribbean Utilities Company, Ltd.? Yes No

If yes, please provide name(s) and relationship(s) _____

Please specify referral source: Newspaper Employee Career Counselor Past Student On my own

EDUCATION

Name and Location of School		Circle Last Year/Grade Completed	Did You Graduate?	Subjects Studied and Degree Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		7 8 9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Freshman Sophomore Junior Senior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business Correspondence or Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of specific study or research work applicable to specific positions applied for: _____

Activities and/or Affiliations (Civic, Athletic, Church etc.): _____

PREVIOUS EMPLOYERS: List below your last two employers, starting with the most recent:

Date Month & Year	Name & Address of Employer	Telephone Number	Salary	Position	Reason for Leaving
From _____ To _____					
From _____ To _____					

REFERENCES: List below the names of three persons **not** related to you, whom you have known for at least one year:

Name	Address	Telephone Number	Occupation	Years Acquainted
1.				
2.				
3.				

Please write an essay using no less than 50 words stating how this programme would be of benefit to you and why CUC should employ you for the work experience programme.

AFFIDAVIT, CONSENT AND RELEASE

Please read carefully before signing this application:

- I certify that the information contained in this Employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I authorize the research of any or all statements contained in this Application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- I understand and agree that I am required to comply with all policies of the Company, and that I can be required to submit to a criminal background check and a employment medical screening including a drug screen and any such screening as may be deemed necessary whilst employed at the Company.
- I understand and agree, that any failure to comply with all policies of the Company can make me subject to disciplinary action, up to and including termination.
- I have read, understood, and by my signature hereby consent to these statements.

Signature _____

Date _____