



THE MICO UNIVERSITY COLLEGE

1A MARESCAUX ROAD, KINGSTON 5

APPLICATION FOR EMPLOYMENT (ACADEMIC STAFF & ADMINISTRATIVE STAFF)

Please type or print clearly in block capitals, answering all relevant questions. Enter dates in the format DD/MM/YYYY.

POSITION IDENTIFICATION			
Position for which you are applying:			
Position No:		Classification:	
PERSONAL INFORMATION			
Last Name:			
First:	Middle:	Title: (Mr, Mrs, Miss, Dr, other-specify)	
Current Address:		Mailing Address:	
Current Phone No:	Work Phone No:	Contact Phone No:	
Fax No:	Email Address:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/>
Birth Date: (dd/mm/yyyy)	Place and Country of Birth:		
NIS:	TRN:		
Country of Citizenship:		Nationality:	
Next of Kin: Relation: Contact No:			

EDUCATION - TERTIARY

Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas.								
Institution	Date Attended		Qualification	Graduated (Yes/No)	Year Earned /Expected to Earn	Class	Major(s)	Level
	From	To						

EDUCATION - OTHER

Enter details here of other education you have received, e.g. secondary, vocational or technical. For each subject entered, insert either grade of proficiency level. Graduate level job applicants may omit this section.							
Institution	Date Attended		Qualification	Graduated (Yes/No)	Year Earned /Expected to Earn	Major(s)	Level
	From	To					

RESEARCH & PUBLICATIONS

Please state any academic publications you have published during your career.

Title of Academic Publication	Date of Publication	Journal/Magazine Published in

COMMUNITY SERVICES

Please state any community service project(s) or associations you may be a part of.

HONOURS & AWARDS

List honours and awards from any professional or other recognized bodies.

Honour / Award	Grantor	Date Received

EMPLOYMENT HISTORY

Please start from the most recent and indicate currency when entering pay rates.

Institution / Organization:		Address:	
Start date:	End date:	Phone:	Email:
Job Title:		Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution / Organization:		Address:	
Start date:	End date:	Phone:	Email:
Job Title:		Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution / Organization:		Address:	
Start date:	End date:	Phone:	Email:
Job Title:		Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			

MEMBERSHIPS

Enter membership of any professional or civic body such as military reserve, service club, FRCS etc.

Organization	Membership Date

LICENCES / CERTIFICATES

Please indicate professional or job related licences or certificates, including Jamaican Driver's Licence

<i>Licence</i>	<i>Type</i>	<i>Issue Date</i>	<i>Licence No.</i>	<i>Issued By</i>	<i>Expiry Date</i>

REFEREES

You may provide the names of at least THREE referees, at least ONE of whom should be a member of your present institution

Name (Last/First):		Institution/Organization:		Job Title:	
Address:				Reference Type: Professional <input type="checkbox"/>	
				Personal <input type="checkbox"/>	
Phone:		Fax:	Email:		
				Both <input type="checkbox"/>	
Name (Last/First):		Institution/Organization:		Job Title:	
Address:				Reference Type: Professional <input type="checkbox"/>	
				Personal <input type="checkbox"/>	
Phone:		Fax:	Email:		
				Both <input type="checkbox"/>	
Name (Last/First):		Institution/Organization:		Job Title:	
Address:				Reference Type: Professional <input type="checkbox"/>	
				Personal <input type="checkbox"/>	
Phone:		Fax:	Email:		
				Both <input type="checkbox"/>	

DECLARATION:

- Are you currently on vacation, study, maternity or any other leave from another government institution?
Yes No
Please specify the period of leave? Duration:
- Are you receiving travelling allowance from the Government of Jamaica? Yes No
- Are you currently enrolled with the Sagikor GEASO Health Insurance Plan? Yes No
- Are you permanently employed in the private or public sector? Yes No
If yes, please state applicable notice period required?

I declare that the particulars in this application are true to the best of my knowledge and that I am aware that failure to provide true and accurate information could result in the offer being withdrawn or employment terminated forthwith.

Applicant's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Position	Start Date	Salary Grade	Department	Comments