



# **Republic Bank (Grenada) Limited**

**P.O. Box 857, Republic House, Maurice Bishop Highway, St. George, Grenada, W.I.**

## **Application for Employment**

THANK YOU FOR YOUR INTEREST IN APPLYING FOR EMPLOYMENT WITH "REPUBLIC." NO QUESTION ON THIS APPLICATION IS TO SECURE INFORMATION FOR UNJUST DISCRIMINATION. YOUR QUALIFICATIONS WILL BE CONSIDERED WITH THOSE OF OTHERS WHO MAY BE COMPETING FOR AVAILABLE OPPORTUNITIES

NAME		<input type="checkbox"/> MS
		<input type="checkbox"/> MR
SURNAME	GIVEN NAMES	<input type="checkbox"/> MRS
ADDRESS		
ARE YOU A GRENADIAN CITIZEN?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
TELEPHONE NUMBER	BUSINESS	OTHER
HOME		
NATIONAL INSURANCE NUMBER	DATE OF BIRTH	
TYPE OF EMPLOYMENT DESIRED		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHORT TERM – NO. OF MONTHS		
TYPE OF POSITION DESIRED		
DATE AVAILABLE FOR WORK		
HAVE YOU APPLIED TO US FOR EMPLOYMENT BEFORE?		HAVE YOU BEEN EMPLOYED WITH US BEFORE?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

	NAME AND ADDRESS	YEARS ATTENDED	GRADE/COURSE COMPLETED
SECONDARY SCHOOL			
POST SECONDARY			
OTHER TRAINING			
DO YOU PLAN TO CONTINUE YOUR EDUCATION?			
<input type="checkbox"/> YES – WHEN ..... WHAT COURSE..... <input type="checkbox"/> NO			
DO YOU HAVE A KNOWLEDGE OF			
<input type="checkbox"/> TYPING ... WORDS PER MINUTE <input type="checkbox"/> SHORTHAND ... WORDS PER MINUTE <input type="checkbox"/> DICTAPHONE			
DO YOU HAVE FACILITY IN OTHER LANGUAGES?			
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE

**REPUBLIC HEAD OFFICE  
EMPLOYMENT HISTORY**

(PLEASE RECORD IN SEQUENCE BEGINNING WITH PRESENT OR MOST RECENT EMPLOYER)

EMPLOYER'S NAME	EMPLOYER'S ADDRESS
SUPERVISOR'S NAME	DEPARTMENT
YOUR DUTIES	
DURATION OF EMPLOYMENT FROM _____ TO _____	SALARY COMMENCING _____ FINAL _____
REASON FOR LEAVING	

EMPLOYER'S NAME	EMPLOYER'S ADDRESS
SUPERVISOR'S NAME	DEPARTMENT
YOUR DUTIES	
DURATION OF EMPLOYMENT FROM _____ TO _____	SALARY COMMENCING _____ FINAL _____
REASON FOR LEAVING	

EMPLOYER'S NAME	EMPLOYER'S ADDRESS
SUPERVISOR'S NAME	DEPARTMENT
YOUR DUTIES	
DURATION OF EMPLOYMENT FROM _____ TO _____	SALARY COMMENCING _____ FINAL _____
REASON FOR LEAVING	

NAME OF OTHER EMPLOYERS	FROM	TO

IF YOUR EMPLOYMENT HAS BEEN INTERRUPTED FOR MORE THAN THREE MONTHS, PLEASE EXPLAIN
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**REFERENCES**  
PLEASE LIST THREE PERSONS OTHER THAN RELATIVES OR CLOSE FRIENDS WHO CAN FURNISH  
CHARACTER REFERENCE

NAME AND ADDRESS	OCCUPATION	TELEPHONE

PLEASE DESCRIBE YOUR INTEREST IN BANKING AND THE SKILLS AND APTITUDES THAT YOU FEEL QUALIFY YOU FOR A POSITION WITH THE BANK. YOU MAY WISH TO RECORD YOUR PARTICIPATION IN VOLUNTARY ASSOCIATIONS, HOBBIES OR SPORTS


IS THERE ANY CONDITION RELATED TO HEALTH OR OTHERWISE THAT COULD RESTRICT NORMAL EMPLOYMENT EITHER NOW OR IN THE FUTURE?

NO       YES – DESCRIBE

WHAT IS YOUR PERSONAL PREFERENCE WITH RESPECT TO TRANSFERS TO OTHER LOCATIONS IN THE INTEREST OF YOUR CAREER?

<input type="checkbox"/> NO RESTRICTIONS	<input type="checkbox"/> WITHIN PARISH
<input type="checkbox"/> WITHIN CITY/TOWN OF	<input type="checkbox"/> WITHIN LOCALITY OF

**PLEASE READ BEFORE SIGNING**

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, I UNDERSTAND AND AGREE THAT IF ANY SUCH INFORMATION IS AT ANY TIME FOUND TO BE FALSE, SUCH INFORMATION MAY BE CAUSE FOR DISMISSAL. I HEREBY CONSENT TO THE OBTAINING OF ANY INFORMATION FROM MY PAST, PRESENT OR FUTURE EMPLOYER, ANY OTHER SOURCE WHICH REPUBLIC BANK MAY REQUIRE AT ANY TIME IN CONNECTION WITH THE PRESENT APPLICATION BY ME FOR EMPLOYMENT.

_____ DATE	_____ SIGNATURE
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