



Beaver Construction Limited
Lot 17B, O'Meara Industrial Estate, Arima
Box 415, Tel: (868) 642-4225/646-4225
Fax: (868) 646-1225 E-mail: hr@bclgroup.tt.com
Website: www.bclgroup.tt.com

Bank:

Bank branch:

Account Type:

Account number

Application for Employment

Personal Data					
Name: (BLOCK LETTERS , Surname First)			Position applied for:		
Address:			Tel: (Home):		(Mobile):
			E-mail address:		
Date of Birth	Place of Birth	Nationality	Sex	Marital Status	No. of Children
N.I.S. #:		B.I.R. #:		Are you the holder of a valid Driver's Permit?	
ID Card #:		Passport #:		Yes <input type="checkbox"/>	No <input type="checkbox"/> D.P. #:
Do you have any health problem or physical disability which may affect your ability to perform the job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly describe					
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details					
Are you related to any Company Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, state Name, Department and Relationship		
Person(s) to be contacted in case of emergency:					
1) Name: _____			Relationship: _____		
Address: _____			Phone #: _____		
2) Name: _____			Relationship: _____		
Address: _____			Phone #: _____		
Education and Qualifications					
	Name of Institution	Date From - To	Examinations/Qualifications		
Primary					
Secondary					
Technical					
University					
Other					

List any professional societies or organizations of which you are a member:

Describe briefly any additional skills/knowledge/experience you have which you believe may be an asset to this Company (include any machines which you can operate).

Employment History				
NAME & ADDRESS OF EMPLOYER	POSITION HELD	FROM - TO	SALARY \$	REASON FOR LEAVING

References		
NAME	ADDRESS	OCCUPATION

I hereby certify that the above information is true and correct

Signature

Date