



**P.O. Box 11228
George Town
Grand Cayman
CAYMAN ISLANDS KY1-1008
Phone: (345) 945-6251 Fax: (345) 945-6252
E-mail: nss123@live.com**

APPLICATION FOR EMPLOYMENT

1. Name: _____
2. Address: _____
3. Nationality: _____ 4. Telephone #: _____
5. Date of Birth: _____ 6. Height & Weight: _____
7. Martial Status: (Single, Married, Divorced, Separated): _____
8. Maiden Name (if Married): _____ 9. Age of Children: _____
10. Other Dependants & Relationship: _____
11. Date of last Physical Exam: _____ 12. Results: _____
13. State of health now: _____
14. Name & Occupation of Spouse: _____
15. Name of next to kin (relationship): _____
16. Address of next kin: _____

EDUCATIONAL BACKGROUND

17. Name of last School Attended: _____
18. Did you graduate: _____
19. List of subject passed & level:

CONTINUED OVERLEAF

EMPLOYMENT HISTORY

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

Employer's Name: _____

Employer's Address and Telephone #: _____

Duration of Employment & Position: _____

From _____ To _____

Reason for leaving _____

Employer's Name: _____

Employer's Address and Telephone #: _____

Duration of Employment & Position : _____

From _____ To _____

Reason for leaving _____

Employer's Name: _____

Employer's Address and Telephone #: _____

Duration of Employment & Position : _____

From _____ To _____

Reason for leaving _____

CONTINUED OVERLEAF

REFERENCES

PLEASE LIST THREE PERSONS OTHER THAN RELATIVES OR CLOSE FRIENDS WHO CAN FURNISH CHARACTER REFERENCE

Name and Address: _____

Occupation: _____

Telephone #: _____

Name and Address: _____

Occupation: _____

Telephone #: _____

Name and Address: _____

Occupation: _____

Telephone #: _____

20. Do you have any Convictions YES/NO? If yes, please state:

CERTIFICATION BY APPLICANT

I SUBMIT MY APPLICATION FOR ENTRANCE INTO THE SERVICE OF NATIONAL SECURITY SERVICES LTD. AND I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I AGREE TO UNDERGO A MEDICAL EXAMINATION IF REQUESTED, BY A DOCTOR OF ICC'S CHOICE.

Date: _____ **Applicant's Signature:** _____

FOR OFFICIAL USE ONLY

Approved: _____ Pending: _____ Declined: _____