

PLEASE INSERT  
YOUR PASSPORT  
PHOTO HERE



**MOTOR CITY LTD**  
Everything tint, everything graphix!

#12 Old Southern Main Rd,  
Chaguana, Trinidad & Tobago



**FOR OFFICIAL USE ONLY**

Date of Interview:-  
Time of Interview:-  
Date to Start:-  
Special Info:-

**Employment Application**

**Personal Information:**

Last Name:- \_\_\_\_\_ First Name:- \_\_\_\_\_ Middle Name:- \_\_\_\_\_ Alias Name:- \_\_\_\_\_  
 Present Home Address:- \_\_\_\_\_ Religion:- \_\_\_\_\_  
 Citizenship:- \_\_\_\_\_ Home Phone#:- \_\_\_\_\_ Mobile Phone#:- \_\_\_\_\_ Smoker:- Yes  No   
 Date of Birth (Day/Month/Year):- \_\_\_\_\_ Male  Female  ID#:- \_\_\_\_\_ DP#:- \_\_\_\_\_  
 Position You are Applying for:- \_\_\_\_\_ Monthly Salary Expected:- \_\_\_\_\_ NIS#:- \_\_\_\_\_ BIR#:- \_\_\_\_\_  
 How did you learn of this vacancy? \_\_\_\_\_ Date you can start to work : \_\_\_\_\_  
 Married  Divorced  Single  # of Children \_\_\_\_\_  
 Have you been involved in any previous or ongoing court proceedings or have you ever been incarcerated (Jail)? Yes  No

**Education:**

Name of School	Location	Course Of Studies	Period	Certificates Received
Primary				
Secondary				
Technical				
Private				

Special Skills: .....

**Employment History: (Please Give Information About Your Last FIVE Jobs, Starting with the Most Recent)**

From (Year)	To (Year)	Job Title	Employer's Name & Contact #	Monthly Salary	Reason For Leaving

**How did you occupy your spare time after leaving school or during your recent working career?**

From (Year)	To (Year)	Type of Activities	Archivements / Rewards	How did you benefit

**Reference (1)**

(a) Name:- \_\_\_\_\_  
 Address:- \_\_\_\_\_  
 Occupation:- \_\_\_\_\_  
 Phone #-: \_\_\_\_\_

**Reference (2)**

(a) Name:- \_\_\_\_\_  
 Address:- \_\_\_\_\_  
 Occupation:- \_\_\_\_\_  
 Phone #-: \_\_\_\_\_

Please indicate to the best of your knowledge whether you are suffering from any illness or disabilities. Yes  No   
 If your answer is "Yes" please give brief description: .....

Vaccination Status:- 1st Dose  (State Type) Fully Vaccinated  (State Type) Unvaccinated

**Emergency Contact Information**

Name of spouse or next of kin (state relationship) ..... Contact # .....  
 Address: .....

**Terms & Conditions for Employment:**

I hereby agree to the terms and conditions as given hereunder: if found culpable in anyway during my employment, the Company reserves the right to dismiss me forthwith and / or if deemed appropriate pursue an investigation and take the necessary action resulting thereform.

**The following are some of the areas that are most crucial:**

1. Dishonesty on my part relating to behavior, conduct and attitude to other workers, customers and management staff.
2. Pilferage of materials, tools or anything belonging to the Company, other workers or any customers.
3. Divulge confidential information regarding my job, training and Company's Trade or Business and its operations.
4. Impolite attitude to customers, co-workers and superiors at the workplace, such as use of obscene language etc.

I certify that all answers given herein are true and complete to the best of my knowledge  
 Signature Of Applicant:- \_\_\_\_\_ Date:- \_\_\_\_\_

(Day/Month/Year)