



ABI Financial Centre
156 Redcliffe Street, P.O. Box 1679,
St. John's, Antigua
Tel: (268) 484-6400 Fax (268) 562-8328
www.abiinsurancecoltd.com

EMPLOYMENT APPLICATION FORM

Thank you for your interest in ABI Insurance Company Ltd.. Please complete the form giving as much detail as possible about your skills and work experience. The information entered on this form will solely be used for the purpose of recruitment and selection. If you need any assistance completing the form please contact the Human Resources Department via the contact details above.

PERSONAL DETAILS

Title (Mr/Miss/Ms/Mrs)			
Forename(s)			
Surname			
Address		Telephone Numbers	
		Home ()	
		Work ()	
		Cell ()	
Email address		Date of birth:	
Medical Benefits number		Social Security number	
Status (please tick)			
<input type="checkbox"/> National <input type="checkbox"/> CARICOM skilled certificate <input type="checkbox"/> Temporary residence <input type="checkbox"/> Non national (state nationality) _____			
Are you legally authorised to work in Antigua? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for any of the companies within the ABI Financial Group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state position and employment dates _____			
Do any of your relatives currently work for any of the companies within the ABI Financial Group? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position applying for _____		Languages spoken _____	
How did you hear about this position?		Languages written _____	
Newspaper <input type="checkbox"/> Website <input type="checkbox"/>			
Employee referral <input type="checkbox"/>			
Other _____			

EDUCATION

Please continue on a separate sheet if required.

Name & address of Schools/Colleges/Universities	Start Date	Leaving Date	Subjects & Qualifications (Please include CXC's/O Levels, A Levels, Degrees, Technical qualifications)	Date Achieved
High School				
College				
University				
Technical Training				

WORK EXPERIENCE

Please tell us about your work experience, including internships, part time & voluntary work. Start with your present or most recent work experience. Please continue on a separate sheet if required.

Employer's Name & Address	Start Date	Leaving Date	Position held & Salary	Key responsibilities and reason for leaving

ADDITIONAL INFORMATION

- If you have any other relevant qualifications, work based training or experience that you may feel may support your application, please list them below.

1. -----
2. -----
3. -----

- Do you participate in any activities/hobbies that may support your application?

- If you have not held a job previously or if you have been studying or are returning to work following a break, please let us know what you have been doing.

- The employees of ABI Insurance Company may be called upon to work and/or attend training exercises after hours and on weekends. Is there anything that would preclude you from fulfilling this requirement? If so, please specify.

- How much notice are you required to give your current employer?

- If successful, when would be available to start work?

REFERENCES

Please provide us with the names, titles, and contact information of three persons who know the quality of your work and character.

Please note that family members cannot serve as references.

Reference 1

Name: _____

Title: _____

Organisation: _____

Telephone Number _____ Email address: _____

Circle type of reference: Professional (Employer)/ Academic/Personal

Reference 2

Name: _____

Title: _____

Organisation: _____

Telephone Number _____ Email address: _____

Circle type of reference: Professional (Employer)/ Academic/Personal

Reference 3

Name: _____

Title: _____

Organisation: _____

Telephone Number _____ Email address: _____

Circle type of reference: Professional (Employer) / Academic/Personal

DECLARATION

I confirm that the information given on this application form is correct to the best of my knowledge. I understand that any agreement entered into is subject to a probationary period , satisfactory references, authorized copies of my police record, documentary evidence of my right to work in Antigua, and if necessary, a medical examination. I accept that any misrepresentation of the relevant facts requested is cause for rejection of my application, or grounds for termination if detected subsequent to joining ABI Insurance Company Ltd..

Signature: _____

Date: _____
