



CAYS
Children and Youth Services

103B Bonaventure Road,
Northwest Point Road, West Bay
P.O. Box 30718
Grand Cayman KY1- 1203
CAYMAN ISLANDS
Tel: (345) 946-2446
Fax: (345) 949-1280

Employment Application Form

Position applied for: _____

Date: _____

GENERAL

Last Name	First Name	Middle Name
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Current Address: P.O. Box: _____ KY - _____

Street: _____ Apt. No.: _____

City: _____ Country: _____

Phone No.: _____ Email: _____

Driver's License: _____

	Number	Exp. Date
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<u>Emergency Contact</u>	
Name: _____	
Relationship: _____	Phone: _____

Referred by: _____

Are you over the age of 23? Yes No

Do you want to work? Full Time Part Time

Please specify the days and hours available:

Are you willing to work overtime as necessary? Yes No

Date you can start: _____

Pay desired: _____

Have you ever been employed by us? Yes No

If yes, when? _____

Do you have any relatives that work for CAYS? Yes No

If so, who? _____

Have you ever applied for employment with us? _____ Yes _____ No

If yes, when? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?

_____ Yes _____ No

If yes, please explain:

Have you ever been convicted of a crime?* _____ Yes _____ No

If yes, state nature of offense, when, where, and disposition:

(*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.)

IMMIGRATION STATEMENT

In compliance with immigration laws, this organization will verify the status of every individual offered employment with the organization. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

What is your immigration status in the Cayman Islands?

Do you have Caymanian Status? _____ Yes _____ No

If YES, please give the dates of issue and attach a copy of the documents.

If NO, are you married to a Caymanian? _____ Yes _____ No

Or related to a Caymanian? _____ Yes _____ No

What is the relationship of the Caymanian to you?

Has an employer ever been denied a Work Permit for you? _____ Yes _____ No

If you hold a current Immigration Visitors or Residency permit, please state when it expires: _____

EDUCATION

High School

Name of School: _____

Address: _____

Course of Study: _____

Number of years completed: _____

Did you graduate? _____

Diploma or degree received: _____

Business/Trade/Technical School

Name of School: _____

Address: _____

Course of Study: _____

Number of years completed: _____

Did you graduate? _____

Diploma or degree received: _____

College

Name of School: _____

Address: _____

Course of Study: _____

Number of years completed: _____

Did you graduate? _____

Diploma or degree received: _____

PRIOR WORK HISTORY

If previous employers' know you by a name which is different that which you have stated as your current legal name, please list other names: _____

Please list, in order, your last 3 employers, starting with your current or most recent employer first. Please list all employers whether full or part-time.

1. Current/Most Recent Employer

Employer Name: _____

Employer Address: _____

Phone number of Employer: _____

Dates employed: From _____ To _____

Rate of pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Job Title: _____

Describe Duties _____

Reason for Leaving: _____

- May we contact your present employer? ____ Yes ____ No

2. Second Most Recent Employer

Employer Name: _____

Employer Address: _____

Phone number of Employer: _____

Dates employed: From _____ To _____

Rate of pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Job Title: _____

Describe Duties _____

Reason for Leaving: _____

3. Third Most Recent Employer

Employer Name: _____

Employer Address: _____

Phone number of Employer: _____

Dates employed: From _____ To _____

Rate of pay: Start _____ Finish _____

Supervisor's Name/Title: _____

Job Title: _____

Describe Duties _____

Reason for Leaving: _____

- Have you had any experience with troubled children? ____Yes ____No If yes, please describe: _____

- Have you had any experience with special needs populations? ____Yes ____No If yes, please describe: _____

- What is your knowledge about child development or behavioral management systems?

SKILLS

Please describe any special training, skills and/or abilities you have that would be an asset to this organization.

PERSONAL REFERENCES (excluding relatives)

Name: _____
Occupation: _____ Dates known: _____
Address _____
Phone number: _____

Name: _____
Occupation: _____ Dates known: _____
Address _____
Phone number: _____

Name: _____
Occupation: _____ Dates known: _____
Address _____
Phone number: _____

PRE-EMPLOYMENT STATEMENT

*** Read carefully and sign below ***

I understand and agree that:

1. This application is intended for use in evaluating my qualifications for employment. This application will be considered current for 6 months. In order to be considered for future positions, a new application must be filed to maintain current status.

2. I have read and understand all questions and applicant notes in this form and confirm that all answers given, statements made and information provided on this application are true and complete to the best of my knowledge and belief. Any false statement, misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, will be justification for terminating the application process, refusal of employment, or, if employed, termination from this organization's employ.

3. Any offer of employment I may receive from this organization is contingent upon my successful completion of the organization's total pre-employment screening process, including the organization's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination and TB test that the organization may require. I also agree, if employed, to submit to a medical examination at any time at the organization's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to this organization.
4. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of this organization. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to this organization.
5. In processing my application for employment, I authorize the organization and/or its agents to verify all answers, statements and information provided by me, or to procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the organization, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
6. I authorize and request that all persons, schools, companies, agencies and law enforcement authorities, including without limitation my present and former employers and those individuals I have listed as personal references, furnish information about my background, employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I hereby release them from any and all liability for any damage whatsoever arising from furnishing the requested information. I hereby further consent to have this organization contact anyone it deems appropriate to investigate or verify any information I have provided or to discuss my background, past performance, or suitability for employment and I hereby release this organization from any and all liability for any damage whatsoever arising from investigating and verifying the referenced information.

7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the organization and I understand that my employment and compensation with this organization is at-will and can be terminated with or without cause or notice, at any time, at the option of either the organization or myself. This application is not an employment contract and acceptance of an offer of employment will not create an obligation to continue employment in the future. I further understand that no manager or representative of the organization, other than the General Manager, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

Signature: _____ Date: _____

Full Name (Please Print): _____

Please send your completed application to:

**Business Manager
Children & Youth Services (CAYS) Foundation
P.O. Box 30718
Grand Cayman KY1-1203
CAYMAN ISLANDS**

Or Email to faa@cays.org.ky