# APPLICATION FOR EMPLOYMENT FORM
# FIELD SOLUTIONS LIMITED

TEL: (868)729-2903 EMAIL: admin@fsltt.net

**REQUIREMENTS:**

1. **TWO (2) RECENT PASSPORT SIZED PHOTOS**
2. **TWO (2) FORMS OF IDENTIFICATION**
3. **COPY OF RECENT UTILITY BILL CONFIRMING CURRENT RESIDENTIAL ADDRESS AND LETTER OF AUTHORIZATION (IF APPLICABLE)**
4. **CERTIFICATE OF CHARACTER**
5. **FIT TO WORK/ MEDICAL CLEARANCE CERTIFICATE**
6. **DRUG/SUBSTANCE ABUSE TEST**

## PERSONAL INFORMATION

| | | | |
|---|---|---|---|
| **1. GIVEN NAMES** (First Name, Middle Name) | **2. SURNAME** | **3. DATE OF BIRTH** (dd/mm/yyyy) | **4. POSITION APPLYING FOR** |
| **5. ADDRESS** | | | |
| **6. TELEPHONE** (*Home)* | **7. TELEPHONE** (*Mobile)* | **8. EMAIL ADDRESS** | |
| **9. I.D/ P.P/ D.P NUMBER** | **10. EXPIRY DATE** (yyyy/mm/dd) | **11. NATIONAL INSURANCE NUMBER** | **12. BIR NUMBER** |
| **13. PLACE OF BIRTH** (*City, Country)* | | **14. CITIZENSHIP** | |
| **15. MARITAL STATUS**<br>SINGLE ☐ MARRIED ☐ COMMON LAW ☐ OTHER:_____ | | **16. GENDER** | **17. ARE YOU COVID-19 VACCINATED?**<br>YES ☐ NO ☐ |
| **18. HEIGHT (CM)** **WEIGHT (KG)** | | **19. NUMBER OF CHILDREN** | **20. HAIR COLOUR** **EYE COLOUR** |
| **21. VISIBLE MARKS OR SCARS (if any, please state)**<br>_____ | | | |

## GENERAL INFORMATION

**22. DO YOU HAVE PROBLEMS WITH ANY OF THE FOLLOWING?** (Please tick)

HYPERTENSION ☐ DIABETES ☐ ANXIETY ☐ ASTHMA ☐
ALLERGIES ☐

OTHER:_____

**23. ARE YOU CURRENTLY PREGNANT?**

YES ☐ NO ☐

**24. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT/ IMPAIR YOU FROM DOING YOUR ASSIGNED DUTIES AS REQUIRED?**

YES ☐ NO ☐ IF YES, PLEASE STATE_____

**25. HAVE YOU EVER BEEN ARRESTED BY THE POLICE?** YES ☐ NO ☐ IF YES, GIVE REASON:_____

**26. HAVE YOU EVER BEEN CHARGED BY THE POLICE?** YES ☐ NO ☐ IF YES, STATE CHARGE(S) AND OUTCOME:_____

_____

_____

**27. HAVE YOU EVER BEEN DEPORTED FROM ANOTHER COUNTRY?** YES ☐ NO ☐

IF YES, STATE COUNTRY AND REASON:_____

**28. IN CASE OF EMERGENY, NOTIFY:**

| Name | Relationship | Contact Number |
|---|---|---|
| | | |

| EDUCATION *(most recent first)* | | | | |
|---|---|---|---|---|
| **Level** | **School Name** | **Period (Year)** | | **Achievements** |
| | | **From** | **To** | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| PREVIOUS EMPLOYMENT *(most recent first)* | | |
|---|---|---|
| **START DATE (mm/yyyy):** | **END DATE (mm/yyyy):** | |
| **COMPANY:** | **TYPE OF BUSINESS:** | |
| **ADDRESS:** | **PHONE:** | **EMAIL:** |
| **YOUR POSITION:** | **YOUR MANAGER:** | |
| **REASON FOR LEAVING:** | **MAY WE CONTACT?** YES ☐ NO ☐ | |

| | | |
|---|---|---|
| **START DATE (mm/yyyy):** | **END DATE (mm/yyyy):** | |
| **COMPANY:** | **TYPE OF BUSINESS:** | |
| **ADDRESS:** | **PHONE:** | **EMAIL:** |
| **YOUR POSITION:** | **YOUR MANAGER:** | |
| **REASON FOR LEAVING:** | **MAY WE CONTACT?** YES ☐ NO ☐ | |

| 29. KNOWLEDGE OF VACANCY | 30. ANY RELATIVES/ AFFILIATES EMPLOYED WITH FSL? |
|---|---|
| | YES ☐ NO ☐<br>If yes, state _____ |

| 31. ANY RELATIVES/ AFFILIATES EMPLOYED AT OTHER WORKSITES UNDER FSL? |
|---|
| YES ☐ NO ☐<br>If yes, state _____ |

**Custodian Responsibilities**

The Custodian will be responsible for a wide range of duties, **including but not limited to** the following:

- **Floor Care**: Sweeping, mopping, vacuuming, dust mopping, auto-scrubbing, scrubbing, carpet shampooing, polishing, and gum removal.
- **General Cleaning**: Wiping and sanitizing surfaces such as walls, columns, ledges, light fixtures, air conditioning vents, glass panels, sliding doors, window ledges, chairs, equipment, telephones, phone booths, stanchions, cupboards, and conveyor belts. Responsibilities also include emptying waste bins, replacing liners, and cleaning and sanitizing bins.
- **Landscaping Maintenance**: Removal of litter, debris, and cigarette butts from outdoor areas.
- **High-Touch Point Sanitization**: Cleaning and disinfecting self-service machines, ATMs, door handles, seating areas, railings, furniture, trays, desks, and both interior and exterior sneeze guard screens.

**Applicant Certification**

I hereby certify that the information provided in this employment application is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from employment consideration or immediate termination if discovered after hiring. I acknowledge and accept the responsibilities outlined above, recognizing that they are representative but not exhaustive of the duties required for this position.

_____ _____

SIGNATURE DATE