

6 Collins Green Avenue
Kingston 5
Jamaica, W.I.
Email: jobs@wwbpo-callcentre.com
Contact: 876 219 5418 & 876 219 1490

JOB APPLICATION FORM
PLEASE COMPLETE FORM IN BLOCK LETTERS

Applicant Information

Last Name: _____ **First Name(s):** _____
Middle: _____ **Please Circle:** Mr./Miss/Mrs.
Date of Birth: _____ **Place of Birth:** _____
DD/MM/YY
Gender: Male Female
Address: _____
Home Phone #: _____ **Mobile Phone #:** _____
Email Address: _____

OTHER PARTICULARS

TRN#: _____ **NIS#:** _____
ID Type: Passport Driver's License National ID
Id #: _____ **Exp Date:** _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ **Relationship:** _____
Contact #: _____
Address: _____
Number of Dependent(s): _____

EDUCATION

Schools Attended (Secondary / Tertiary)

NAME OF INSTITUTION	ADDRESS	NUMBER OF YEARS ATTENDED	CERTIFICATE, DIPLOMA, DEGREE AWARDED/COURSE

Previous Employment and References
(Give in chronological order beginning with most recent position)

HISTORY OF EMPLOYMENT

Dates of Employment (From-To)	Name and Address of Company	Position Held	Name of Immediate Supervisor	Salary	Reason for Leaving

SKILLS

(Please state your skills that you believe would be of value to this job)

REFERENCES – *Please list three professional references - persons to whom you are not related. [This should include at least one (1) referee from your previous job(s).]*

Name	Institution and Position	Contact number(s)	How long have you known this person

PERSONAL HISTORY

Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If Yes, state nature of offence:		
Are you physical challenged/impaired in any way? If yes, please state?		
Have you been treated for any illnesses during the last six (6) months?		
If Yes, please state?		
Position interested in:		
Desired Salary		

Work Availability:

Are there any days of the week that you would not be able to work? Yes No

If Yes, state days and explain why _____

Will you be able to work on shifts? Yes No

When would you be able to begin? _____

I certify that answers herein are true and complete to the best of my knowledge. I authorize Worldwide BPO and Call Centres to make investigations and enquiries regarding my personal, employment, financial or medical history and other related matters as may be deemed necessary in arriving at an employment decision. I hereby release employer, school or persons from liability in responding to inquiries in connection with my application for employment.

If hired by the company, I understand that false or misleading information given in my application or interview(s), may result in immediate dismissal. If requested, I will do a polygraph and/or conduct and complete a drug test and give consent to the medical practitioner to release any information to the company. I understand, also, that I am required to abide by the policies and procedures of the company.

Signature of Applicant

Date