



Jamaica Agricultural Commodities Regulatory Authority
1 Willie Henry Drive, P.O. Box 508, Kingston 15.

Telephone: Tel: (876) 877-6448, 876-758-1259

Fax: 1-876-758-3907

Email: careeropportunities@jacra.org Website: www.jacra.org

CONFIDENTIAL TEMPORARY JOB APPLICATION FORM

For Human Resource Use Only

Department:			
Supervisor:			
Salary:			
Start Date:		End Date:	

Please Complete Form in Block Capitals

SECTION 1 - PERSONAL DATA

Last Name:		First Name:		Middle Name:		Maiden Name: (if applicable)		
Gender:		Date of Birth			Title			
Male	Female	dd	mm	yyyy	Miss,	Mrs.	Mr.	Dr.
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRN:					NIS:			
Telephone Nos.					Email address			
Present Address					Mailing Address (if different)			

SECTION 2 – EMERGENCY CONTACT

Name:		Relationship:		Telephone No.
Home Address			Work Address	

SECTION 3 – EDUCATION

No	Name of Institution	Period	Course of Study	Certification (Cert, Dip, Deg, etc.)
1.				
2.				
3.				

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SECTION 4 – EMPLOYMENT HISTORY

No	Period of Employment	Employer	Address	Telephone#
1.				
2.				
3.				

SECTION 5 – HEALTH STATEMENT

1.	Do you suffer from any known illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain
<hr/> <hr/>	

SECTION 6 – REFERENCES

1.	Name	Address	Telephone#
2.	Name	Address	Telephone#

Pledges

1. I certify that the answers herein are true and complete to the best of my knowledge.
2. I authorize you to make investigations and enquires regarding my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.
3. I hereby release employers, schools or persons from liability in responding to enquires in connection with my application.
4. In the event of employment I understand that false or misleading information given in my application or interview may result in termination, I understand also that I am required to abide by the rules and regulations in force at the Jamaica Agricultural Commodities Regulatory Authority.

Signature of Applicant _____

Date _____

Witness _____

Date _____