



CENSUS PLANNING AND MANAGEMENT DIVISION

Central Statistical Office
 Ministry of Planning, Housing and the Environment
 #30 Park Street, Port-of-Spain, Trinidad W.I.
 Tel: 624-7001/627-0838 Fax: 625-9726

EMPLOYMENT APPLICATION FORM

APPLICANT INFORMATION

Position applying for:			<input type="checkbox"/> Field Supervisor			<input type="checkbox"/> Field Editor			<input type="checkbox"/> Enumerator						
Last Name:						First Name:									
Address:															
Phone:				Mobile:				Work:							
E-mail:				I.D./D.P./P.P.:				Date of Birth:		dd		mm		yyyy	
Current employment (if applicable):								Position:							
Have you worked on a Population and Housing Census before?								<input type="checkbox"/> Yes		<input type="checkbox"/> No					
If yes, which Census and what position did you hold?															
1980 <input type="checkbox"/> Position:				1990 <input type="checkbox"/> Position:				2000 <input type="checkbox"/> Position:							
Have you worked on a Survey before (Public or Private)?								<input type="checkbox"/> Yes		<input type="checkbox"/> No					
If yes, which Survey and what position did you hold?															
Position:			Survey:			Employer:			Year:						

EDUCATION

List Qualifications (Secondary), please indicate each subject and the year passed:																	
Tertiary (please indicate, type, institution and year obtained):																	
Are you currently pursuing any field of study?								<input type="checkbox"/> Yes		<input type="checkbox"/> No							
If yes, please state –																	
Day:			Time:			Day:			Time:			Day:			Time:		
Day:			Time:			Day:			Time:			Day:			Time:		

OTHER INFORMATION

Are you prepared to work after hours, weekends and public holidays for the duration of the Census?												<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please write (in your own handwriting) a few lines about why you are best suited for this position and how you can contribute to ensure that the 2010 Population and Housing Census is a success:															

APPLICANTS FOR FIELD SUPERVISORS ONLY

Do you own a working vehicle?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Drivers Permit #				Expiry Date:				Vehicle Registration:			
Do you have any Supervisory experience?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview can result in my release.

Signature: _____

Date: ____ / ____ / 2010