

GOVERNMENT OF SAINT LUCIA

APPLICATION FOR EMPLOYMENT IN THE SAINT LUCIA TEACHING SERVICE

Official Stamp

Completed application forms should be addressed to the Secretary, Teaching Service Commission, Sir Stanislaus James Building, The Waterfront, Castries, Saint Lucia.

NOTE – THIS FORM MUST BE FULLY AND CAREFULLY FILLED AND VERIFIED PHOTOSTAT COPIES OF CERTIFICATES (OR TRANSCRIPTS)

MUST BE ATTACHED; A CERTIFICATE OF CHARACTER AND A COMPLETED PHYSICAL EXAMINATION CERTIFICATE MUST BE SUBMITTED (except for permanent public officers).

Attach Photo

POST APPLIED FOR				
SCHOOL OR INSTITUTION	1.			
	2.			
	3.			
A. PERSONAL INFORMA	TION			
Last Name		Sex		Male Female
First Name		Date	of Birth	DD MM YYYY
Middle Name	Middle Name		lo.	
Country of Birth		Mari	tal Status:	Married Single
Nationality				Other
B. CONTACT INFORMAT	ION			
Mailing Address			Contact N	Numbers
			Cellular	()
			Cellular	()
			Home	()
Residential Address			Work	()
			Email	

C. EDUCATIONAL BACKGROUND

C. EDUCATIONAL BACKGROUND						
Primary/Elementary institution(s) attended						
Name of Institution(s)		Co	Start (YY		End Date (YYYY)	
						,
						i
Secondary/Post Secondary institution(s) attended						
Name of Institution(s)		Country	Start Date (YYYY)	End Date (YYYY)	End Date Ok (YYYY) (CSEC,	
College(s) and/or Universities attended						
conege(s) and/or onversities attended	1			T		
Name of Institution(s)		Country	Start Date (YYYY)	End Date Ob (Dip., B. MA, MS		ualifications Obtained o., BA, BSc, BBA, MSc, Pg., PhD, etc)
D. DETAILED DESUITS OF SYCIOSES OF FOLLINA	LENT EVA	A ALBUA TION				
D. DETAILED RESULTS OF CXC/CSEC OR EQUIVA	LENI EXA	MINATION		1/64.05		
CXC/CSEC Subjects G	A' Level/CAPE Subject(s)					
Subjects	ojects Grade Subject(s)				Grade	
				-		

E. RESULTS OF COLLEGE/UNIVERSITY DEGREE OR EQUIVALENT EXAMINATION									
Name of Issuing Institution			Qualification Level Qu			Qua	alification Obtained		
F. PROFES	SSIONAL TR	AINING UNDER	TAKEN						
Daw	iod		Cubio et e			Ovalit	icatio		and (if any)
Per Start Date	End Date		Subjects	Qualification			icatioi	וונג) טטנמוו	ieu (ij uriy)
Start Date	cha Date								
G. EXPERI	ENCE/EMP	LOYMENT HISTO	ORY						
Teachin	g/Princinal /	Order by most re	cent)						
	6/ · · · · · · · · · · · · · · · · · · ·								
								Grade	
Name and Type of School		Address	ss Subjects taught		taught		or	Period	
Name and Type of School		Address		Subjects taught			Form	(уууу – уууу)	
						taught			

Commercia	l, Industrial, etc. (Order by most recent)		
Nam	e of Company/Firm/Organization	Nature of Employment	Years of Service
Reason(s) for	leaving		
ANV OTHER DE	LEVANT INFORMATION of Rublications Cor	noral Interests	
ANT OTHER RE	LEVANT INFORMATION, e.g. Publications, Ger	ierai interests	
H. REFEREES			
Names and Ad	dances of two Defended who have become	f	
	dresses of two Referees who have known y sed (one of whom should be Principal/Last En		ave agreed to their
Name			
Position			
Address			
Tolophono			
Telephone			
Name			
Position			
Address			
Tolonhono			
Telephone			
	Only application forms which have been fully co	mpleted and accompanied by original or veri	fied
	copies of certificates or other require	ed documentation will be considered.	
•••••	Signature of Applicant	Date	••••