



GUYANA PRISON SERVICE
Application for Employment

A. GENERAL	
Surname:	Maiden Name:
First Name:	Other Name (s):
Middle Names	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (dd/mm/yy):	Age at last Birthday:
Place & Region of Birth:	
Weight:	
Religion:	
Passport #:	
NIS#:	
Telephone Number (s) Cell:	
Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Seperated: <input type="checkbox"/> Divorced: <input type="checkbox"/>	
Name of Children:	Date & Place of Birth:
Present Address:	Address of Last Too Places of Residence
Name of Spouce (if applicable)	
Date of Birth (dd/mm/yy):	Age:
Place & Region of Birth:	
Occupation of Spouce:	
Telephone Number(s)	
Father's Name:	Mothers's Name:
Date of Birth (dd/mm/yy):	Date of Birth (dd/mm/yy):
Place of Birth:	Place of Birth:
Occupation:	Occupation:

Address & Contact Number:	Address & Contact Number:

B. EDUCATION

Qualification	School Attended	Period

Technical Skills

Correspondence Course

Extra Mural

C. EMPLOYMENT HISTORY

Present Occupation:	Salary/Wages:
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Name & Address of Present Employer:

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Occupations over the last five (05) year

Occupation:	Name & Address of Employer:	Salary/Wages:

Reasons for leaving Previous Jobs:

D. OTHER BACKGROUND INFORMATION

1. Are any of your relatives currently incarcerated: If yes, please provide details (offence, name and location housed)

2. were you ever charged by the Police? if yes, please provide details

3. Did you apply to join any of the other Joint Services organizations? If yes, please provide details

4. Why have you decide to join the Guyana Prison Service?

5. Are you prepare to be posted to any of the five (05) Prison locations?

6. Are you currently pursuing efforts to migrate? If yes, please provide details:

7. Have you or any family member been treated fro memtal illness? If yes, please provide details:

8. What are your hobbies?

9. Are you willing to taje an HIV/AIDS test?

E. REFERENCES

Name, Address, Telephone #	Name, Address, Telephone #

F. DECLARATION OF PREGNANCY (To be completed by femaly applicants only)

I....., hereby declare that I am not pregnant at this time and I am aware that should I become pregnant within one (1) year of my appointmeny as a Prison Officer my service will be terminated.

Signature:..... **Date:**.....

G. APPLICATION FOR MEMBERSHIP OF THE PRISON OFFICER'S COOPERATIVE CREDIT UNION SOCIETY LIMITED NO.1151.

I....., hereby make application for membership of the Prison Officer's Cooperative Credit Union Society Limited No. 1151, and I agree to conform to the rules thereof and to the Cooperative Societies' Ordinances and Regulations and any amendments thereof. I already belong to the following Cooperative Societies:

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Signature:..... **Date:**.....

H. MEMBERSHIP OF THE PRISON OFFICER'S SPORTS CLUB AND THE WELFARE & BENEVOLENT FUND

I....., hereby consent to joining the membership of the Prison Officers' Sports Club and the Welfare & Benevolent Fund, and agree to pay subscriptions and account by deductions from my salary.

Signature:..... **Date:**.....

FOR OFFICIAL USE ONLY

Recommendation by the Recruitment Board

This is to certify that the applicant was interviewed by the members of the Recruitment Board, and based on our assessment, we hereby, recommend/do not recommend him/her for employment:

Members of the Board	Signature	Date

Application is Approved/Not Approved for Employment

Director of Prisons:..... **Date:**.....