



THE UNIVERSITY OF THE WEST INDIES

NEW HIRE FORM

THIS FORM PROVIDES ADDITIONAL INFORMATION AND IS TO BE COMPLETED BY **NEW EMPLOYEES** AT THE TIME OF HIRE. PLEASE TYPE OR PRINT IN BLOCK CAPITALS, ANSWERING EACH QUESTION AS COMPLETELY AS POSSIBLE. ENTER DATES IN THE FORMAT YYYY/MM/DD.

POSITION IDENTIFICATION					
Position Offered:					
Vacancy Ref No:		Department:			
PERSONAL INFORMATION					
Last Name:			Maiden Name:		
First:		Middle:		Prefix: (Mr, Mrs, Miss, Dr, other-specify)	
Current Address:			Mailing Address:		
Current Phone No:		Other Contact Phone No:		Fax No.:	
Email Address:		University Housing Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of Birth:					
Tax Registration No. (TRN):			NIS#:		
CITIZENSHIP					
If you are an expatriate , you will need to enter citizenship, passport information here. If you have dual nationality, enter the country of your second nationality in the second Country box.					
Country of Citizenship:		Passport#:	Issue Date:	Expiry Date:	2 nd Country:
EMERGENCY CONTACT					
Identify persons to be contacted in case of emergency. If possible, at least one contact should be located in Jamaica					
Name (Last, First)	Relationship to Employee	Address		Primary Contact (Yes/No)	Telephone No.
1.					
2.					
DEPENDENTS					
Please provide full information on spouse, dependent children and dependent parents older than 60 years					
Name (Last, First) 1.	Address (If different from Employee's):	Phone:	Accompanying Employee? (Yes/No)	Relationship to Employee	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time student? (Yes/No):	Birthdate:	Citizenship:	Country of Birth:
2.		Phone	Accompanying Employee? (Yes/No)	Relationship to Employee;	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time Student? (Yes/No):	Birthdate:	Citizenship	Country of Birth:
3.		Phone:	Accompanying Employee? (Yes/No)	Relationship to Employee:	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time Student? (Yes/No):	Birthdate:	Citizenship:	Country of Birth:

4. Name (Last, First)	Address (if different from Employee's):	Phone:	Accompanying Employee? (Yes/No)	Relationship to Employee:	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time Student (Yes/No):	Birthdate:	Citizenship:	Country of Birth:
5.		Phone:	Accompanying Employee? (Yes/No)	Relationship to Employee:	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time Student (Yes/No):	Birthdate:	Citizenship:	Country of Birth:
6.		Phone:	Accompanying Employee? (Yes/No)	Relationship to Employee:	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
		Full-time Student (Yes/No):	Birthdate:	Citizenship:	Country of Birth:

I declare that the particulars in this application are true to the best of my knowledge and belief and that I am aware that failure to provide true and accurate information could result in the offer being withdrawn or employment terminated forthwith.

Employee's Signature: _____ **Date:** _____

For Official Use Only			
Contract Type:	Start Date:	End Date:	
Permit Type (New/Extension):	Permit #:	Status (Applied/Granted/Renewed):	
Duration: (Days/Months/Years):	Start Date:	Expiry Date:	Issue Date:
Eligible for Housing? (Yes/No):	Housing Preference? Allowance <input type="checkbox"/> Accommodation <input type="checkbox"/>		Eligible for 2 Year Tax Exemption? (Yes/No):
Certified Documents Provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Certified By: _____ Date: _____			