



The Government of the Republic of Trinidad and Tobago

MINISTRY OF EDUCATION

EXAMINATIONS UNIT

APPLICATION FOR SHORT-TERM EMPLOYMENT: SUPERVISION (C.X.C / CAPE Examinations)

This form must be completed in BLOCK LETTERS using BLACK or BLUE INK only

1. Name:
(First Name) (Surname)

2. Address:

3. E-mail Address: Date of Birth:(DD/MM/YYYY)

Telephone Contact: (Home) (Cell)

4. Do you have any relatives writing CXC/CAPE examinations - Yes No
(Year of Exam)

5. Please tick the post(s) for which you are applying:

POST	
Coordinator	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>
Assistant Supervisor	<input type="checkbox"/>

6. Do you own a vehicle? (Yes/No) (Only relevant to persons applying for Coordinator)

7. Secondary Education Information:

Qualification Attained:
.....

8. a) Have you ever worked at the Ministry of Education, Examinations Unit? Yes No

b) If Yes, Please indicate what service you have provided to the Examinations Unit within the last three years

Year	C.S.E.C. /C.A.P.E./Other	Month	Name of Centre/School	Position Held

9. Please tick the Area in which you wish to be employed from the list below:

Area	Area
Diego Martin	Couva/ Carapichaima
Port of Spain	Rio Claro/ Mayaro/ Manzanilla/ Tabaquite
San Juan/ Barataria	San Fernando

Tunapuna/ St. Joseph/ El Dorado/ St. Augustine	Princes Town/ Moruga	
Arima	Point Fortin/ Vessigny/ Cedros	
Blachisseuse	Siparia/ Fyzabad/ Palo Seco	
Sangre Grande	Barrackpore/ Penal	
Toco/ Matelot	Tobago	
Chaguanas		

Date:.....

Signature:.....