

APPLICATION FORM

ANTIGUA BARBUDA DEFENCE FORCE

- Instructions:**
- a. This application form must be completed by the applicant
 - b. The following documents must accompany this form:
 - i. A recent passport photograph of the applicant
 - ii. A Police Certificate of Character
 - iii. A Birth Certificate
 - iv. Copies of all Academic, Vocational, Technical and Professional Education Certificates

SECTION A:

Surname:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First and Middle Names:			
Date of Birth:			Age:
Country of Birth:		Nationality:	
Home Address:			
Telephone Number:		Height:	Weight:
Present Employer (<i>name, address, tel#</i>):			
Present Salary (per day/week/month/annum):			

SECTION B:

<u>EDUCATION</u>		
Level	Name of Learning Institution	Duration Dates
Primary		
Secondary		
University		
Vocational		
Technical		
Other		

<u>CERTIFICATES</u>				
Issuing Authority	Level	# of Certificates	Subjects	Grade

SECTION C:

<u>PREVIOUS EMPLOYMENT AND MILITARY EXPERIENCE</u>			
<u>Employment History</u>	<u>Duration</u>	<u>Military History</u>	<u>Duration</u>

SECTION D:

Briefly explain why you wish to become a member of the Antigua Barbuda Defence Force and in which element you wish to serve (Regular or Reserve).

Date:	Signature:
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FOR OFFICIAL USE ONLY
DO NOT WRITE IN THIS SECTION

Date Form was Received:	Date of Entrance Exam:
Date Reference Letters were Received:	
Exam Results: _____ % Pass ___ Fail ___	Date of Security Interview:
Results of Security Screening:	Date of Medical Examination:
Medical Exam Results: Pass ___ Fail ___	# of Documents Received:

FINAL DECISION:

Accepted: _____ Rejected: _____ Date: _____

Signature: _____ Rank: _____ Appointment: _____