



Internship Application

Please read all instructions carefully noting that, if you are selected for a position you will be required to provide the following:

- Proof of residence (if applicable)

Please return completed signed application form along with CRV to the below:

**Deputy Director-General Economic Regulation & Administration
Civil Aviation Authority of the Cayman Islands
Unit 2 Cayman Grand Harbour
P.O. Box 10277
Grand Cayman KY1-1003
Cayman Islands**

Fax: 1- 345-949-0761

Email: civil.aviation@caacayman.com

Initial acknowledgments of receipt of application are sent out via email and further notification if applicable.

Personal Information:

Last Name:

First Name:

Date of Birth:

Gender:

Nationality:

Physical address:

Postal Address:

Home Phone Number:

Cell Phone Number:

Email Address:

Where can we leave a message: Home phone Email Cell phone

Name of Parent or Guardian:

Parent or Guardian's Contact Information:

Work:

Home:

Cell:

Email Address:

Do you have Health Insurance Coverage: Yes No

If Yes, which Health Insurance Provider:

Do you have a valid Cayman Islands Driver's License: Yes No

Do you own or have access to a car during work hours: Yes No

Employment Desired:

Career Interest:

If selected, what are your preferred start and end dates?

Start Date:

End Date:

Education:

| Name and Location of School | Year/Grade Completed | Did You Graduate? | Subjects Studied and Degree Received |
|--|----------------------|-------------------|--------------------------------------|
| High School: | | Yes No | |
| College: | | Yes No | |
| Trade, Business, Correspondence or Graduate School | | Yes No | |

Activities and/or Affiliations (Civic, Athletic, Church, etc.) :

Previous Employers: List below your last two employers, starting with the most recent (if applicable):

| Date Month & Year | Name & address of Employer | Telephone Number | Position | Reason for Leaving |
|----------------------|-------------------------------|---------------------|----------|--------------------|
| From To: | | | | |
| From: To: | | | | |

References: List below the names of three persons not related to you, whom you have known for at least one year:

| Name | Address | Telephone Number | Occupation | Years Acquainted |
|------|---------|---------------------|------------|---------------------|
| | | | | |
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Please write an essay no less than 50 words stating how interning with the CAACI would be of benefit to you and why the CAACI should employ you for work experience:

Declaration:

I hereby declare that all the particulars given in this application are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.

Signature of Applicant

Date

Note:

False particulars or suppression of material facts will render you liable to disqualification and if appointed to dismissal and/or appropriate legal proceedings.