

Application Form – Antigua

Please complete this form and return via email along with a copy of your university transcript to caroline.williams@ag.gt.com

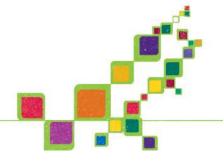
Position Applied For:

Professional Qualification: (ACCA, CPA etc)

Personal Details First Name:	5	:	Surname:		
Home Address:					
Home Telephone:		I	Mobile Num	nber:	
Email Address:					
Date of Birth:		(Country of I	Birth:	
Nationality:			Work Permit Required:		
Current Driver's Licen	se:				
Higher Educatio	n				
University	Course Title	Subjects Co	vered	Grades	Year

What is your GPA?

In which year did you graduate or do you expect to graduate from university?



Professional Qualifications

Professional Certification University/Institute/Certifying Body

Year Awarded

Employment History

Start & End Dates

Name & Address of Employer

Job Title

Brief description of Responsibilities

Career Choice What do you think a role within your chosen position/line of service will involve

Tell us what steps you have taken to advance in your career choice.



Interest and Experience

Please outline your main interest, including any positions of responsibility held, scholarships, awards and prizes

At University/Other

Motivation, Initiative, Teamwork

Describe a recent situation where you have demonstrated motivation and initiative:

Describe a recent situation where you have demonstrated teamwork:

Additional Information

Residence Abroad/Significant Travel

Foreign Language Skills

IT Literacy – please describe your level of experience using computers, giving examples of programs and packages used

Physical Record: Current state of health: Excellent / Good / Poor Please provide any comments which may be relevant

Please provide details of any physical handicaps, disabilities, serious illness or other conditions which may affect your ability to perform the duties of the position applied



Client Service and Office Hours

Our professional clients include organizations in the Financial Sector, Tourism & Hotel Industry, Real Estate, Retail and Distribution (including the distribution of alcohol and cigarettes), Telecommunication industry, Airline industry, Gaming and various non-profit organizations. Grant Thornton expects all its employees to offer professional services to all of the firm's clients and to fully participate in all services offered by the organization to its clients. Please indicate if you are unable to work on assignments in the industry sectors listed above.

Our office hours are 8:00am to 4:30pm Monday to Friday. However, due to the nature of the work in a professional office, it will be necessary to work beyond 4:30pm and on days off from time to time. Please indicate whether you will be unable to work overtime on any days of the week, including Saturdays and Sundays.

Personal References

Name:
Address:
Telephone:
Email:
Occupation
Name:
Address:
Telephone:
Email:
Occupation
Name:
Address:
Telephone:
Email:
Occupation

I confirm that the information I have provided in this document accurately and completely represents my professional and personal background.

I authorise you to make such investigations and inquires of my personal, employment, and financial history as may be necessary in arriving at an employment decision.

In the event of my employment with Grant Thornton I understand that false or misleading information given in my application or interview(s) may result in the termination of my employment. I understand also, that I am required to abide by all rules and regulations of the firm.

Sign: _

Date: