

AUSTRALIAN HIGH COMMISSION TRINIDAD AND TOBAGO

TEMPORARY EMPLOYEE APPLICATION FORM

First Name:	Last Name:	
Citizenship: :		
Contact Phone:	Email Address:	
Are you eligible to work in Trinidad and Tobago		
PLEASE NOTE: Evidence of citizenship, visa	a and/or work authorisation will be required at time of employment	
Work Availability:	Prefered Contract Duration:	
Please Advise any upcoming dates that you may be unavailable to work:		
Work Expectations:		
Would you be willing to consider th	e following types of positions? (select all that apply)	
Research/Polic		
Program Suppo		
Event Logistics	•	

Which of the following reflects your expectations

Qualifications and Experience Summary: (In 50 words or less summarise your relevant experience and qualifications)

I Acknowledge that the information provided above is true and accurate

(For electronic submission, in lieu of signing, please enter your full name as acknowledgement)

PLEASE NOTE: Your information will be kept on file for approx. 12 months. Please direct any feedback or questions to ahc.portofspain@dfat.gov.au