THE UNIVERSITY OF THE WEST INDIES – MONA
PLACEMENT AND CAREER SERVICES
JOB SHADOWING EXPERIENCE PROGRAMME

Please complete legibly

NAME (Mr./Mrs./Miss): _____
SURNAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS: _____ TEL#:_____
_____ CELL#_____
TERM ADDRESS: _____ TEL#:_____
_____
EMAIL ADDRESS: _____

Career/ Job Objective:
_____
_____

Faculty: _____ Degree Expected **(major/minor)**: _____
(State specialization if applicable)

Major Disciplines/Courses in Degree **(no course codes please)**:
_____
_____
_____

Other Institution(s) Attended and Qualifications Achieved:
_____
_____
_____
_____
_____

Previous Employers, Employment Period and Positions Held (full-time/ part-time/ vacation):
_____
_____
_____
_____

Scholarships and Awards:
_____
_____
_____
_____

Special Skills: (e.g. computing, driving, teaching etc.)
_____
_____

Signature: _____ Date: _____

Institution Assigned:

Contact Person:

Telephone:

Email: