Annex A to ABDF Personnel Procurement Policy

Application No: ..…../20…..

APPLICATION TO JOIN
THE ANTIGUA AND BARBUDA DEFENCE FORCE

INSTRUCTIONS: This application must be completed by the applicant in **BLOCK** letters.

The following documents **MUST** accompany this form:

- Two recent passport sized photograph of the applicant.
- Birth Certificate
- A minimum of two (2) Testimonials not more than Three (3) Months before date of application ***(family members cannot be used as testimonials)***
- Original Police Certificate of Character dated not more than one (1) Month before date of application
- Copies of all Certificates: General Vocational, Technical and Professional
- Biography

SECTION A – PERSONAL INFORMATION			
Last Name:	First Name:		Photo Here:
Middle Name(s):	Date of Birth:		
Aliases/Nicknames:			
Gender: Male ☐ Female ☐	Country of Birth:		
Nationality:	Age:		
Home Address:			
Marital Status: *Check appropriate box* Single ☐ Married ☐ Divorced ☐ Widowed ☐			
Home Number:	Cell Number:	WhatsApp Number:	
Primary Email Address:	Alternate Email Address:		
Colour of Hair:	Eye Colour:	Religion:	
Height:	Weight:	Blood Type:	Shoe Size:
Medical Benefit Number:	Social Security Number:	National ID Number:	
Passport Number:	Passport Date of Issue:		
Name of Spouse:	Spouse's Nationality:		

Children

Names	Date of Birth	Gender	Nationality
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	

SECTION B - EDUCATION AND ACCADEMIC QUALIFICATION			
Education			
Level	**School(s) Attended**	**Date From** (Year only)	**Date To** (Year only)
Primary			
Secondary			
Tertiary			

Qualification		
Issuing Authority	**Level of Proficiency** *(O & A Level, Degrees Etc)*	**Subject/Course**

SECTION C - WORK EXPERIENCE			
PRESENT EMPLOYER			
Present Employer	**Employer Address**	**Date From** (Year only)	**Date To** (Year only)
PREVIOUS EMPLOYERS OVER THE LAST 6 YEARS			
Employer Name	**Job Description/Title**	**Date From** (Year only)	**Date To** (Year only)

SECTION D – MILITARY EXPERIENCE				
Country	**Unit/**	**Date From** (Year only)	**Date To** (Year only)	**Last Rank**

SECTION E

Please select which element of the Force your wish to join:

Regular/Full-Time (Age 18-25 yrs) ☐ Reserve/Part-Time (Age 18-42 yrs) ☐

Check this section if you wish to become a **Commissioned Officer** in the above selected element ☐

Briefly state why you wish to become a member of Antigua & Barbuda Defence Force:

_____

_____

_____

_____

"I hereby declare that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that making/giving of any false statement/information may lead to the withholding of any final acceptance of my application by The Antigua and Barbuda Defence Force."

_____ _____

Signature: Date (*day month year*)

FOR OFFICIAL USE ONLY
(Do not write in this section)

Date Application Form was Received		DD / MM / YY
All Required Documents Received		Yes ☐ No ☐
Date of Entrance Exam	DD / MM / YY	Score %
Background Security Check Completed		Yes ☐ No ☐
Security Interview Completed		Yes ☐ No ☐
Medical Examination Completed		Yes ☐ No ☐
Date Recruit Evaluation Fitness Test (REFT) Completed		DD / MM / YY
Result of REFT (***see attached sheet***)		Pass ☐ Fail ☐ N/A ☐
Applicant is a current or former member of the Cadet Corps? Yes ☐ No ☐ If "Yes" indicate period _____ What is the highest rank attained?_____		
This Applicant Has Been Accepted For Recruitment/Reenlistment		Yes ☐ No ☐
Date Attested		DD / MM / YY
****REGIMENTAL NUMBER****		

****Remarks:**