DEPARTMENT OF STATISTICS

MINISTRY OF FINANCE

HORSFORD BUSINESS COMPLEX, FARMS ESTATE, NEVIS

PRE-CENSUS MAPPING EXERCISE - CALL FOR ENUMERATORS

APPLICATION FORM

1. Name: _____ _____ _____

First **Last** **Age**

2. Address: _____

_____ _____

Parish **Community**

3. Contact Number: _____ _____ _____

Mobile **Home** **Work**

_____

Email

4. Occupation: _____

5. Name and Address of Workplace: _____

6. Have you ever work on any surveys conducted by the Statistics Department? Yes: _____ No: _____

If yes, list the surveys _____

7. If chosen to be an enumerator, would you be willing and able to work in an area/community in which you do not live? Yes _____ No _____

8. Ownership of Vehicle? Yes _____ No _____

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Completing this application does not guarantee selection as enumerator positions are limited. If selected, you must be able to attend a mandatory training session prior to the start of the survey.

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal to hire, or discharge should I be hired.

Signature _____ **Date** _____

Telephone: (869) 469 5521 Ext: 5060/5061 Email: statsnevis@niagov.com