

EMPLOYMENT APPLICATION



PO Box CB-12015, Nassau, Bahamas
#35 Collins Ave * Tel. 242-328-0783 * Fax 242-356-9825
Carmichael Road * Tel. 242-341-1177 * Fax 242-461-1126
Sandyport * Tel. 242-327-5483 * Fax 242-327-5492

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name: _____ Date of birth (MM/DD/YYYY) : _____

Marital Status: _____ No. of dependents: _____

Address: _____ PO Box: _____ Country of Birth: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Email: _____ National Insurance Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a Bahamian citizen, or are you otherwise authorized to work in the Bahamas without any restrictions? []yes []no

Have you ever been convicted of a felony? []yes []no If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? []yes []no

If yes, please describe circumstances: _____

Are you available to work shifts? []yes []no

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY

- 1. Employer _____ Job Title _____
Dates Employed _____ Prior position held within Company (if any) _____
Address _____ City _____ Country _____
Name of Supervisor _____ Phone _____
Starting Salary _____ Ending Salary _____
Duties performed _____
Reason for Leaving _____
- 2. Employer _____ Job Title _____
Dates Employed _____ Prior position held within Company (if any) _____
Address _____ City _____ Country _____
Name of Supervisor _____ Phone _____
Starting Salary _____ Ending Salary _____
Duties performed _____
Reason for Leaving _____
- 3. Employer _____ Job Title _____
Dates Employed _____ Prior position held within Company (if any) _____
Address _____ City _____ Country _____
Name of Supervisor _____ Phone _____
Starting Salary _____ Ending Salary _____
Duties performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

Please include a copy of your current resume with this application.