

INSERT COMPANY
LOGO HERE

Copies of documents required:

- Driver's License
- Academic Certification
- National Insurance Card
- Copy of Passport (Picture/Information Pages)
 - Police Certificate (within the last 6 mths.)
- 3 Work References (one from former employer)
- Optional: Curriculum Vitae or resume (attached)

Applicant Information

Surname: _____ First: _____

Middle: _____ Maiden: _____

Present Address: _____

P.O. Box: _____

Home Phone: _____ Cell: _____ Other: _____

Email Address: _____

Date of Birth (d/m/y): _____ Are you a citizen of The Bahamas? Yes or No

Are you eligible for employment within The Bahamas? Yes or No

Place of Birth: _____ National Insurance Number: _____

Gender: Male: Female:

Single: Married: Divorced: No. of Dependents: _____

Employment positions applying for:

Administrator: Management/Supervisor: Facilities & Operations:
Equipment Control: Repair & Maintenance:

Responding to advertisement? Yes or No

If No how did you hear about Our Company? _____

Do you have a relative working for Our Company? _____

if yes please state relationship to and name of employee _____

If hired, on what date can you start working (d/m/y)? _____

Do you object to working Sundays, holidays or shifts? Yes or No

Can you work on the weekends? Yes or No

Can you work evenings? Yes or No

Can you drive? Yes or No

Are you available to work overtime? Yes or No

Salary desired: \$ _____

Personal Information

Do you have any friends, relatives, or acquaintances working for Our Company? Yes or No
If yes, state name & relationship: _____

Are you willing to submit to and pass a drug/alcohol test? Yes or No

Are you willing to submit to medical and physical examination? Yes or No

Do you object to Our Company conducting a background check? Yes or No
If yes, please explain: _____

Have you ever been arrested? Yes or No If Yes please explain: _____

Do you have any disabilities? Yes or No

Do you suffer from any illness or medical condition(s) that may prevent or impair your ability to perform the job for which you are applying? _____ If yes please explain _____

Education, Training and Experience

High School:

School name: _____

Number of years completed: _____

Did you graduate? Yes or No

Degree/diploma earned: _____

College/University:

School name: _____

Number of years completed: _____

Did you graduate? Yes or No

Degree/diploma earned: _____

Other: School name: _____

Number of years completed: _____

Did you graduate? Yes or No

Degree/diploma earned: _____

Vocational Training:

Institution/School name: _____

Certificate or designation

Completed: _____

Did you graduate? Yes or No

Degree/diploma earned: _____

Do you have reliable transportation to get to work on time each day? Yes or No

Work History

Have you ever applied to/worked at Our Company before?

Yes or No

If yes, what location _____

What date (s): _____

Reason for leaving: _____

Start with most recent

Name of Employer Address & Telephone Contact	Your Job Title	Your Salary Per Week	Period Employed	Hours per Week	Reason for Leaving

Declaration

I DELCARE THAT THE PARTICULARS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF THESE PARTICULARS ARE FALSE IN ANY MATERIAL RESPECT, I SHALL RENDER MYSELF LIABLE FOR DISMISSAL OR THAT I WILL NOT BE CONSIDERED FOR EMPLOYMENT NOW OR IN THE FUTURE WITH THIS COMPANY.

DATE

SIGNATURE OF APPLICANT

