



P.O. Box CB-13932 . Nassau . Bahamas
Tel. (242) 327 3076/7 . Fax. (242) 327 3069

EMPLOYMENT APPLICATION FORM

Date of application ____/____/____
MM/ DD/ YY

PERSONAL DATA

NAME: _____

AGE: _____ DATE OF BIRTH: ____/____/____ SEX: Male____ Female____ NIB # _____
Month / Day / Year

MARITAL STATUS: _____ DEPENDENTS: _____

ADDRESS: _____

HOW LONG AT PRESENT ADDRESS: _____

TELEPHONE: _____ PO BOX: _____

IN CASE OF EMERGENCY CONTACT: _____

POSITION APPLIED FOR: _____ EXPECTED SALARY: _____

EDUCATION:

SCHOOLS ATTENDED	YEARS	CERTIFICATE OR DIPLOMA
1) _____		
2) _____		
3) _____		
4) _____		

JOB EXPERIENCE:

A.COMPANY	B.COMPANY
2)POSITION _____	2)POSITION _____
3)SUPERVISOR _____	3)SUPERVISOR _____
4)TELEPHONE _____	4)TELEPHONE _____
5)REASON FOR LEAVING _____	5)REASON FOR LEAVING _____
6) HOW LONG ON JOB _____	6)HOW LONG ON JOB _____