



MINISTRY OF LABOUR, BAHAMAS

APPLICATION FOR EMPLOYMENT

Applicant-Please complete items number 1 to 10,12 to 20 and 24 to 27

1. National Insurance Number			19. Check One:		
2. Name (Print)-Last First Initial			Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>		
3. Street Address (Print)			20. a. Are you willing to consider work away from Nassau? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Box No.		5. Phone No.			
6. Date of Birth		7. Place of Birth		21. Occupational Title Code	
8. Age		9. Height		10. Weight	
11. Salary Expected			12. Salary Paid		
13. Are you a Bahamian Citizen able to work in the Bahamas? <input type="radio"/> Yes <input type="radio"/> No			22. Length of Experience in Primary Code _____ yrs _____ mos		
14. Union or Professional Organization to which your belong			23. Skills, and proficiency test Results		
15. Check (X) for The Highest School Grade Completed ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫			24. What is your email address?		
15a. Show High School , College, Business or Trade School attended.			25. Do you hold references from any former employers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
School	Subject/ Major	Certificates/Degree			
16. Do you have transportation to get to and from work? <input type="radio"/> Yes <input type="radio"/> No					
17. Show kind of work you want					
Second Choice					

EMPLOYMENT RECORD

(List longest or most important jobs held during the last three years, starting with the most recent)

28. a. Employer or Company		i. Your job title		k. Name machine or tool used.	
b. Street Address		Describe what you did			
c. Box No.	d. Phone No.				
e. Length of Job					
f. Date commenced	g. Date left				
h. Rate of pay		j. Reason for Leaving			

