

APPLICANT'S STATEMENT

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 45 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.
 The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.
 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.
 If I am hired, I understand that The d'Albenas Agency Ltd. expects me to be honest and reliable.
 I freely release all and everyone from any claims.

 Signature of Applicant

 Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____

Employee No: _____ Department _____

Hourly Rate / Salary _____

By: _____
 Name and Title _____ Date _____

NOTES

Modified for use by The d'Albenas Agency Ltd. Nassau, Bahamas.

Revised 06/2014

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

PERSONAL:

Position(s) Applied For _____	Date of Application _____
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How Did You Learn About Us? Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name _____	First Name _____	Middle Name _____
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ADDRESS Hse Number Street _____	City _____	Postal Box _____
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Telephone Contact: Home: _____	Cell: _____
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National Insurance No. _____	Date of Birth DD MM YYYY / /	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Emergency Contact: Name: _____ Telephone: _____ Relationship to you: _____
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If you are under 18 years of age, can you provide required proof of your eligibiliy to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give date: _____

Have you ever been employed with us before? Yes No If Yes, give date: _____

Are you currently employed? Yes No If Yes, Where? _____

May we contact your current employer? Yes No If Yes, Who? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status will be required)

If hired, when would you be available to work? _____ Date: _____

Are you currently on "lay-off" and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the past 2 years? Yes No (Conviction will not necessarily disqualify an applicant from employment)

Have you been charged with any offense and/or currently out on bail? Yes No
 If Yes, please explain: _____

EDUCATION:

School Name & Location	Elementary			Junior School			High School			Undergraduate College / University				Graduate / Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed (circle)																	
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

REFERENCES:

Give name, address, and telephone number of three persons who are not related to you and are not previous employers, who can provide references on your behalf:

	<u>NAME</u>	<u>COMPANY</u>	<u>TELEPHONE</u>	<u>YEARS KNOWN</u>
<u>1</u>				
<u>2</u>				
<u>3</u>				

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Employer	Dates of Service		Duties Performed
	Address	Beginning	Ending	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		Reason for Leaving
	Starting	Final		
Supervisor				
2.	Employer	Dates of Service		Duties Performed
	Address	Beginning	Ending	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		Reason for Leaving
	Starting	Final		
Supervisor				
3.	Employer	Dates of Service		Duties Performed
	Address	Beginning	Ending	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		Reason for Leaving
	Starting	Final		
Supervisor				
4.	Employer	Dates of Service		Duties Performed
	Address	Beginning	Ending	
	Telephone Number(s)			
	Job Title	Hourly Rate/Salary		Reason for Leaving
	Starting	Final		
Supervisor				

If you need additional space, please continue on a separate sheet of paper

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:
