

Application Number:



APPLICATION FOR EMPLOYMENT

Name:

Please complete all sections and return to:

The Human Resources Department
The College of The Bahamas
P. O. Box N 4912
Nassau, Bahamas

Telephone: (242) 302-4472
Fax: (242) 302-4539
E-mail: hrapply@cob.edu.bs



THE COLLEGE OF THE BAHAMAS

APPLICATION FOR EMPLOYMENT

FULL-TIME

PART-TIME

TEMPORARY

PERSONAL INFORMATION

Name:		
Last	First	Middle
Address:		
P. O. Box:		
Telephone:		Fax:
E-mail:		National Insurance No:

Position Desired:

Birthplace: _____

Date of Birth: Day Month Year Sex: Male Female

Nationality: _____ Previous Nationality (if any): _____

Marital Status: Single Married Other: _____ Explain _____

No. of Dependents: _____ Religion: _____

Health

Do you have any physical, mental or medical impairments that would interfere with your performance in the job for which you are applying? Yes No

If Yes, please explain: _____

Were you seriously ill within the past 10 years? Yes No

If Yes, please explain: _____

Do you have any relatives currently employed by The College? Yes No

If Yes, please list the names and relationships: _____

Do you have a valid drivers license? Yes No

If Yes, for how long: _____ Driver's license number: _____

Person to notify in case of an emergency

Name: _____ Relationship: _____

Address: _____

Telephone: _____

EDUCATIONAL BACKGROUND

List secondary schools, colleges and universities attended and certificates, degrees or other qualifications obtained

NAME OF INSTITUTION	ADDRESS	Dates of Attendance		QUALIFICATIONS OBTAINED
		From	To	

MAJOR WORKSHOPS/SEMINARS

DATE	NAME	PLACE

SKILLS/TRAINING

JOURNAL ARTICLES AND PUBLICATIONS

DATE	NAME/TOPIC

AWARDS

DATE	NAME

PROFESSIONAL ORGANIZATIONS (Memberships)

DATE JOINED	NAME

RELEVANT INFORMATION

State any information which you think may be relevant to this application

NOTE - This application must be accompanied by:

- | | |
|---------------------------------------|---|
| (a) copies of academic qualifications | (b) medical certificate of fitness |
| (c) copy of birth certificate | (d) police record |
| (e) up to date transcripts | (f) copy of National Insurance Id. card |

Please provide the names, addresses and telephone numbers for three references other than present/former employers or relatives.

Name	Address	Telephone

<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Attach photograph here</p> </div>	<p>I declare that the information in this application, which is subject to verification by the College, is correct. I understand that any misleading or incorrect information may render the application void and may be cause for immediate dismissal in the event of my employment. If I am employed, I agree to abide by the rules of The College and to work such hours as may be deemed necessary.</p> <p>Signature: _____</p> <p>Date: _____</p>
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OFFICE USE ONLY		
Position:	Date Employed:	
Department/School:		
Employee Identification No.:	National Insurance No.:	
Salary:	Grade:	
Scale:		
Location:		
Probationary Period:	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 1 Year
Work Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pensionable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave Cycle:	<input type="checkbox"/> Academic	<input type="checkbox"/> Calendar
Comments:		