



Government of the Bahama Islands

Public Hospitals Authority

APPLICATION FOR EMPLOYMENT

Form to be filled in duplicate by applicant in his/her own handwriting and returned to the Public Hospitals Authority, P.O. Box N-8200, Nassau, Bahamas

1. Full Name (Mr/Mrs/Miss) _____

(Surname first in BLOCK letters)

Address _____

Telephone No. _____ Post Office Box _____

Profession or Occupation _____ Religion _____

Nationality _____ Previous Nationality if any _____

Other residential addresses in Country of domicile during last ten years (with dates)

Residential addresses outside Country of domicile at any time for more than twelve month (with dates)

2. Date of Birth _____ Age _____

(A Birth Certificate must be furnished; it will be returned. If it cannot be supplied, the reason must be given and such other proof furnished as may be requested by the Public Hospitals Authority)

Place of Birth _____

State whether single, married, widowed, divorced or separated _____

Wife's and/or former wife's maiden name(s) (in full) _____

Date and place of birth of wife and/or former wife _____

Husband's and/or former husband's name(s) (in full) _____

Date and place of birth of husband and or former husband _____

Husband/wife's present occupation and name and address of employer _____

Number of children (give details below)

Names	Sex	Date and Place of Birth

3. Father's name (in full) _____

Father's date and place of birth _____

Father's address _____

Father's nationality _____ Profession or Occupation _____

Mother's maiden name (in full) _____

Mother's date and place of birth _____

Mother's address _____

Mother's nationality _____ Profession or Occupation _____

4. EDUCATION. Mention the Schools or Colleges at which you received your education, professional as well as general; and give in each case the date of entry and leaving, diplomas or degrees.

School/College	Date of Entry/Completion & Certificates Obtained

5. Professional qualifications (if any), and the date it was obtained.

6. Employment from completion of education to present time. Mention each position held by you, the dates between which you held it, and the reason for leaving. Present Salary \$ _____

Position	Dates	Reason for Leaving

7. Position desired _____

8. Are you prepared to work on a Family Island (rural area)? _____

9. Date on which you are available to commence duty _____

10. Give particulars of any impairment from which you may have suffered (nervous breakdown, neurasthia or similar trouble should be mentioned). _____

11. State whether you possess any knowledge of languages other than English. _____

12. Navy, Army, Air Force, Police or Defense Force services (if any) _____

13. Have you ever been convicted by any court in The Bahamas or elsewhere? (Please provide current Police Character Reference). If yes; please give particulars. _____

14. Have you previously applied for employment under any other Government Department? If so, please give details.

15. Have you ever been dismissed or otherwise removed from Government Service? If so, please give details.

16. TESTIMONIALS

Give the name, or address and occupation of not less than three and not more than six persons to whom reference can be made by the Authority on your behalf (one of whom must be your last employer). If you do not desire your present employer(s) to be approached, it should be indicated. Such a report may be required before a final decision on the application is made, but it will not be sought without first obtaining your permission.

Name, Post/Title	Address

17. You are requested to paste below an unmounted passport sized photograph of yourself. Photograph should be of recent date and provide a good likeness.

18. I declare that the particulars contained in this application are true and correct. I understand that if these particulars are false in any materiel respect, I may render myself liable for dismissal.

Signature of Applicant _____

Date _____