



APPLICATION FOR EMPLOYMENT

All sections to be completed in **applicant's own handwriting.**

I. POST APPLIED FOR:

2. PERSONAL DETAILS: Please circle one Dr. Mr. Mrs. Ms. Miss E-mail Address: _____

Name (print): _____

Telephone Numbers: Home _____ Work _____ Cell _____

Street Address: _____

Mailing Address: _____

3. a) Bermudian b) Spouse of Bermudian c) Non-Bermudian

Date of Birth: Day: _____ Month: _____ Year: _____

4. EDUCATION: (To be completed IN FULL by all applicants.)

Schools, Colleges, Universities attended	Full or Part-time	Entered	Left

Academic, Professional, Technical qualifications obtained (in full)	Date Obtained

Special courses undertaken relative to the post applied for:

5. CURRENT EMPLOYMENT:

Name of current employer: _____

Post Held: _____

Current Salary/Desired Salary: _____

Date Commenced: _____

Reason for wishing to leave: _____

If you have any questions pertaining to this vacancy, please do not hesitate to contact our office at **29ONION** or **296-6466**.



(All information given under paragraph 6 will be treated in strict confidence.)

6. PREVIOUS EMPLOYMENT:

Name of Employer	Post Held	Date Started	Date Left	Reason for Leaving

If the advertisement for this post requires you to be able to lift and/or have a valid driver’s license please answer the following questions:

Are you able to meet the lifting requirements? Yes No

Do you have a valid Bermuda driver’s license? Yes No

7. PROFESSIONAL REFERENCES: Provide **TWO** referees (i.e. current/previous supervisors), **NOT** relatives

Name:	Name:
Address:	Address:
Working Relationship:	Working Relationship:
E-mail:	E-mail:
Tel:	Tel:

8. ADDITIONAL INFORMATION:

Please state in your own words why you are an applicant for this post, mentioning any specific achievements or personal qualities which you think may support your candidature: (Attach an additional sheet if necessary.)

9. HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW? Yes No **IF YES, GIVE DETAILS:** (You need not answer “YES” to this question if you are entitled to be treated as rehabilitated under the Rehabilitation of Offenders Act 1970.)

10. NOTICE TO APPLICANTS

I CERTIFY, to the best of my knowledge, that the information contained in this application is a true and factual record. I understand that should the information provided prove to be incorrect or misleading, then the appointment, whether offered or in effect, may be cancelled.

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The Onionpatch Academy
AD SEMPER EXSISTO OPTIMUS

Date: _____ Signature: _____

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