baíc EMPLOYMENT APPLICATION

Issued By: *Human Resources, Staff Training & Office Administration*

Please complete all sections. Print clearly.

DATE: _____
MM / DD / YY

NAME: _____
Last First Middle

GENDER: ☐ Male ☐ Female NATIONALITY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
MM / DD / YY

HOME ADDRESS: _____

P. O. BOX: _____ TEL. (H): _____

TEL. (CELL): _____ EMAIL: _____

MARITAL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

SPOUSE'S NAME: _____ TEL.: _____
(If married, first and last name of spouse)

NUMBER OF DEPENDENTS: _____ AGE RANGE: _____

POSITION APPLIED FOR: _____
(Indicate here the position being applied for OR your area of interest).

DESIRED SALARY RANGE: _____
(Optional to indicate here)

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

HIGH SCHOOL: _____

(Attended) From: _____ To: _____ No. of GCEs: _____ No. of BGCSEs: _____
(If Any, Grade "C" or above) *(Only w/Grade "C" or above)*

Diploma _____

JUNIOR HIGH SCHOOL: _____
(If Applicable)

(Attended) From: _____ To: _____ No. of BJCs: _____
(Only w/Grade "C" or above)

COLLEGE / UNIVERSITY: _____

(Attended) From: _____ To: _____

Degree Attained: _____

COLLEGE / UNIVERSITY: _____

(Attended) From: _____ To: _____

Degree Attained: _____

PLEASE ATTACH ALONG WITH THIS APPLICATION:

1) Resumé

2) Copy of Passport
(Pages 1-4)

3) Police Record
(within 6 months)

4) Copy of NIB Card
(back & front)

5) Copy of Degrees, Diplomas, Certificates, etc.

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BAHAMAS AGRICULTURAL & INDUSTRIAL CORPORATION

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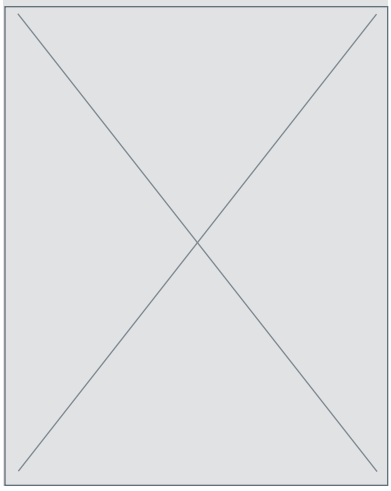
baíc
Growing. Partnering. Empowering.

ATTACH RECENT PASSPORT SIZE PHOTO HERE



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EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

OTHER QUALIFICATIONS / CERTIFICATIONS: - List Below. Include special training or skills.

EMPLOYMENT EXPERIENCE

List your current or most recent employment first.

EMPLOYER #1: _____

ADDRESS: _____

POSITION HELD: _____

DATE: From _____ To _____

MAIN DUTIES: _____

SALARY: _____ REASON FOR LEAVING: _____

EMPLOYER #2: _____

ADDRESS: _____

POSITION HELD: _____

DATE: From _____ To _____

MAIN DUTIES: _____

SALARY: _____ REASON FOR LEAVING: _____

May we contact your present employer?: ☐ Yes ☐ No

May we contact your past employers?: ☐ Yes ☐ No

REFERENCES

Give the names of three (3) references, not relatives or former employers.

REFERENCE #1 NAME: _____

POSITION / TITLE: _____

ADDRESS: _____

REFERENCE #2 NAME: _____

POSITION / TITLE: _____

ADDRESS: _____

REFERENCE #3 NAME: _____

POSITION / TITLE: _____

ADDRESS: _____

MEDICAL HISTORY

All information submitted is confidential.

Do you have any medical challenges / ailments? ☐ Yes ☐ No If Yes, explain. _____

_____

_____

Are you on any long term medications? ☐ Yes ☐ No If Yes, explain. _____

_____

_____

EMERGENCY CONTACT

NAME: _____

RELATION: _____

TEL: _____ CELL: _____

APPLICANT SIGNATURE

Please Sign Below.

_____

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