

FULL TIME EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE EVERY SECTION OF THIS FORM INCLUDING OVERLEAF (Please use CAPITAL LETTERS)

SURNAME:	FIRST NAMES:
DATE OF BIRTH: <div style="text-align: center;"> _____ / _____ / _____ (Month) (Day) (Year) </div>	TITLE (Select)
HOME ADDRESS: (Including Street Number)	MAILING ADDRESS (if different from home):
HOME TELEPHONE NUMBER: <div style="text-align: center;">(441)</div>	
CELLULAR PHONE NUMBER: <div style="text-align: center;">(441)</div>	WORK TELEPHONE NUMBER: <div style="text-align: center;">(441)</div>
NATIONALITY: (Select) IF NON-BERMUDIAN, STATE NATIONALITY:	EMAIL ADDRESS: POSITION APPL FOR:
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH GORHAMS? (Select)	IF YES, PLEASE INDICATE DATES AND POSITION HELD: DATES: POSITION:
DO YOU HAVE TRANSPORTATION? (Select)	LICENCES HELD: (Select)

EDUCATION (INCLUDE ADDRESSES AND DATES)

SENIOR SCHOOL:

HIGH SCHOOL DIPLOMA OR EQUIVALENT (Select) IF YES, DATE OBTAINED: _____ / _____ / _____
 (Month) (Day) (Year)

COLLEGE AND/OR UNIVERSITY: (INCLUDE TYPE OF DEGREE/S HELD)

LIST OTHER RELEVANT COURSES/CERTIFICATES AND/OR ANY SPECIAL SKILLS, KNOWLEDGE OR QUALIFICATIONS GAINED:

EMPLOYMENT HISTORY LIST PAST THREE EMPLOYERS STARTING WITH CURRENT/MOST RECENT (INCLUDE ADDRESSES and PHONE NUMBERS)	FROM: Mth/Yr	TO: Mth/Yr	POSITION HELD: (INCLUDE BRIEF DESCRIPTION OF DUTIES)
1. <div style="text-align: center;">(441)</div>			
2. <div style="text-align: center;">(441)</div>			
3. <div style="text-align: center;">(441)</div>			

CRIMINAL RECORD: Please specify (EXCLUDE TRAFFIC VIOLATIONS)

MAY WE TAKE A REFERENCE:

IF YES, PLEASE INITIAL IN THE SPACE PROVIDED:

GENERAL HEALTH: (IN RELATION TO JOB APPLIED FOR)

EXTERNAL INTERESTS:

CREDIT STANDING:

REFERENCES LIST THREE (INCLUDE ADDRESSES AND CONTACT NUMBERS)

1.

(441)

2.

(441)

3.

(441)

MAY WE CONTACT PRESENT EMPLOYERS: (Select)

PREVIOUS EMPLOYERS MAY BE CONTACTED FOR REFERENCES.

DO YOU OBJECT? (Select)

IF YOU OBJECT, BRIEFLY EXPLAIN:

CAN YOU WORK SATURDAYS? (Select)

CAN YOU WORK SUNDAYS? (Select)

Additional Comments to support your application:

I ACCEPT THAT ALL STATEMENTS ON THIS FORM ARE SUBJECT TO VERIFICATION THROUGH REFERENCE CHECKING. PRESENT EMPLOYERS WILL ONLY BE CONTACTED WITH MY EXPRESS PERMISSION. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION COULD PREJUDICE MY APPLICATION FOR EMPLOYMENT, AND SUBSEQUENTLY BE GROUNDS FOR DISMISSAL.

APPLICANT'S SIGNATURE: _____ DATE: _____ / _____ / _____
(Month) (Day) (Year)