



EMPLOYEE APPLICATION

This application is considered incomplete without the following documents:
Copy of your most recent Passport
Copy of National Insurance Card
Police Record
Teachers Certificate (Teacher Applicants Only)
Food Handlers Certificate
Photo

(PLEASE PRINT)

For processing to take place, please ensure that all relevant parts of this application is completed accurately.

Name: _____
First Name Middle Name Family Name

Age: _____ Sex: Male Female National Insurance No.: _____

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

Religion: _____ Denomination: _____ Nationality: _____

Home Address: _____ City: _____ Country: _____

NIB#: _____

Mobile Phone No: _____ Home Phone No: _____ Work Phone No: _____

Do you own your own transportation? Yes No

Please indicate the position for which you are applying: _____

Salary Expectation: _____ (monthly)

This role may require you to come in on the weekends and or after hours.

Are you open to occasional weekend or after hours work?

Open to it only with pay Open to it occasionally where needed

EMPLOYMENT INFORMATION:

Father's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____

City: _____ Country: _____ P.O. Box: _____

Place of Employment: _____ Work Hours: _____

Occupation: _____ Branch/Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Mother's Full Name: _____
First Middle Last

Nationality: _____ House No. _____ Street: _____
City: _____ Country: _____ P.O.Box: _____
Place of Employment: _____ Work Hours: _____
Occupation: _____ Branch/Address: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____

Guardian's Full Name: _____

Nationality: _____ House No. _____ Street: _____
City: _____ Country: _____ P.O.Box: _____
Place of Employment: _____ Work Hours: _____
Occupation: _____ Branch/Address: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email: _____

Were you born in the Bahamas? Yes No
Are you a Bahamian Citizen: Yes No
If you answered no above, do you have a Permit or are a Permanent Resident: Yes No

If you answered yes to the last question kindly provide:

Visa Type: _____ Issue Date (dd/mm/yyyy): _____
Expiration Date (dd/mm/yyyy): _____

(Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status. A copy of a current work visa is required if you are not a Bahamian.)

Have you ever been arrested or terminated from a previous or current employer? (If yes, kindly elaborate in the space provided below) Yes No

Do you have any convictions, finding of guilt and/or pending police charges against you relating to the abuse of, or inappropriate behavior towards a child, elderly or adult? Yes No

If yes, please provide details below:

(Note: A criminal records check is a prerequisite of the position.)

EMPLOYMENT INFORMATION

1 (Most Recent Employer)

Employer Name: _____ Position Held: _____

Starting Date of Employment: _____ Ending Date of Employment: _____

Starting Salary: _____ Ending Salary: _____

Employer's Address: _____ Telephone No: _____

Reason for leaving: _____ Can we place a call to your supervisor? Yes No

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Employer Name: _____ Position Held: _____

Starting Date of Employment: _____ Ending Date of Employment: _____

Starting Salary: _____ Ending Salary: _____

Employer's Address: _____ Telephone No: _____

Reason for leaving: _____ Can we place a call to your supervisor? Yes No

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Employer Name: _____ Position Held: _____

Starting Date of Employment: _____ Ending Date of Employment: _____

Starting Salary: _____ Ending Salary: _____

Employer's Address: _____ Telephone No: _____

Reason for leaving: _____ Can we place a call to your supervisor? Yes No

EDUCATIONAL INFORMATION

College Name: _____ School Address: _____

Degree Obtained: Yes No Name of Degree Obtained: _____

High School Name: _____ Graduated: Yes No

Diploma Obtained: Yes No

List your BGCSE's where you obtained C & Above:

List your BJC's where you obtained C & Above:

BGCSE: _____

BJC: _____

BGCSE: _____

BJC: _____

BGCSE: _____

BJC: _____

BGCSE: _____

BJC: _____

BGCSE: _____

BJC: _____

MEDICAL

Should we be aware of any **health** needs or medical history you may have that may interfere with your employment here at Royal Kidz Academy? _____

Name of your Physician: _____

Business Address: _____ Business Telephone: _____

EMERGENCY CONTACTS:

In the event of an emergency, in which case you are unable to act on your own behalf, the following persons are to be called and my make decision on my behalf. Please place contacts in the order that you would like contact to be made.

Name: _____ Relationship: _____ Moblie: _____

Place of Employment: _____ Work Phone: _____

Name: _____ Relationship: _____ Moblie: _____

Place of Employment: _____ Work Phone: _____

PHOTO SUBMISSION

Please glue a recent photo of yourself in the space below.



CHARACTER REFERENCES

Please provide a minimum of 3 character references one of whom must be your most recent/ previous supervisor.

Reference Name: _____ Place of Employment: _____

Affiliation: _____ Telephone No: _____

Place of Employment: _____ No. of years known: _____

Reference Name: _____ Place of Employment: _____

Affiliation: _____ Telephone No: _____

Place of Employment: _____ No. of years known: _____

FOR OFFICIAL USE ONLY

Resume Completed Application Form

Food Handlers Certificate Police Certificate

National Insurance Card Passport

Recommendation: Accept Accept on Contract Decline

Interview Contact made by: _____

Interview Date: _____ Notes: _____

Date: _____

Administrators Name: _____ Signature: _____