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)

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<thead>
<tr>
<th>Names</th>
<th>Sex</th>
<th>Date and Place of Birth</th>
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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.

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<thead>
<tr>
<th>School/College</th>
<th>Date of Entry/Completion &amp; Certificates Obtained</th>
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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 $ ____________

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<th>Position</th>
<th>Dates</th>
<th>Reason for Leaving</th>
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7. Position desired ________________________________

8. Are your 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, neurastheia 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.

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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 material respect, I may render myself liable for dismissal.

Signature of Applicant ___________________________ Date ________________