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APPLICATION FOR EMPLOYMENT

N.B. PLEASE ATTACH:

- 1. COPY OF FIRST 4 PAGES OF PASSPORT (NO EXCEPTIONS)
- 2. POLICE RECORD
- 3. COPY OF NATIONAL INSURANCE CARD
- **4. PHOTO**

| Name: | | | | | |
|---|--------------------------|--------------------------------|--|--|--|
| LAST | FIRST | MIDDLE/OTHER | | | |
| Address: | P.O.Box: | | | | |
| Home Phone: Work Phone: _ | Ema | il: | | | |
| How long have you Lived at Your Present Addre | ess: | | | | |
| Previous Address: | | How Long: | | | |
| Date of Birth: | Sex: Male | Female | | | |
| Place of Birth: | Nationality/Citizenship: | | | | |
| Married: Divorced: | Single: | Widowed: | | | |
| Number and Ages of Children: | | | | | |
| Are You a Former Employee? | When and How | Long? | | | |
| Why Did You Leave? | | | | | |
| How Did You Hear of This Opening? When Can You Begin? List Any Special Skills You Have For The Position | | | | | |
| | | | | | |
| Have You Ever Been Convicted of a Crime i No: Yes: | | Excluding Traffic Violations)? | | | |
| If Yes, List Convictions | | | | | |
| Do You Have Any Physical Handicaps Preventing | | | | | |
| No: Yes: | | •• | | | |
| If Yes, Describe Handicaps/Limitations | | | | | |

EDUCATION

| SCHOOL | DATE STARTED | DATE FINISHED | EXAMS TAKEN | | EXAMS PASSED |
|---------------------------|----------------------|-----------------------|------------------|-----------|-----------------------|
| | | | | | |
| COLLEGE OR OTHER TR | AINING | STARTED | FINISHED | COURSES T | 'AKEN |
| | | | | | |
| | | EMPLOY | MENT | | |
| List In Reverse Order I | Beginning with Prese | ent Employer: | | | |
| COMPANY NAME & ADDRESS | CONTACT NAME & PHONE | POSITION JOB TITLE | DATES FROM TO | SALARY | REASON FOR LEAVING |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 5 | | | | | |
| May We Contact the E | | | | | |
| REFERENCES: Give | Three (3) References | s Who Know You | Well, Not Relati | ves | |
| NAME | | PATION | ADDRESS | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Give Names of Person | (s) Working Here W | ho Know You We | ll, If Possible | | |
| | | | | | |
| Additional Remarks & | Information: | | | | |
| Other Experiences, Rel | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Date: | | | | | |
| Signature of Applicant | : | | | | |