

Application Number:



UNIVERSITY
OF THE BAHAMAS

APPLICATION FOR EMPLOYMENT

Name:

Please complete all sections and return to:

Office of The Provost
University of The Bahamas
E-mail: facultyapply@ub.edu.bs

Please indicate the position for which you are applying in the subject field.

Further enquires: provostoffice@ub.edu.bs



APPLICATION FOR EMPLOYMENT

FULL-TIME

PART-TIME

TEMPORARY

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____

City: _____ State: _____

Zip Code / P.O. Box: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Position Desired: _____

Birthplace: _____

Date of Birth: _____
Day Month Year

Sex: Male Female

Nationality _____ Previous Nationality (if any): _____

Marital Status: Single Married Other: _____
Please specify other

No. of Dependents: _____

HEALTH

Do you have any special needs or requirements? Yes No

If yes, please explain:

Have you been seriously ill within the past 10 years? Yes No

If yes, please explain:

Do you have any relatives currently employed by the University? Yes No

If yes, please explain:

Person to notify in the event of an emergency

| | |
|------------|---------------|
| Name: | Relationship: |
| Address: | |
| Telephone: | |

EMPLOYMENT HISTORY

List all employment starting with most recent employer

| Wages | | Name and Address of Employer | Job Title, Department and Name of Supervisor | Date | |
|-------|-------|------------------------------|--|------|----|
| Start | Final | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |

Describe Duties

Reason for Leaving

| | |
|--|--|
| | |
|--|--|

| Wages | | Name and Address of Employer | Job Title, Department and Name of Supervisor | Date | |
|-------|-------|------------------------------|--|------|----|
| Start | Final | | | From | To |
| | | | | | |
| | | | | | |
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Describe Duties

Reason for Leaving

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|--|--|
| | |
|--|--|

| Wages | | Name and Address of Employer | Job Title, Department and Name of Supervisor | Date | |
|-------|-------|------------------------------|--|------|----|
| Start | Final | | | From | To |
| | | | | | |
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Describe Duties

Reason for Leaving

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RELEVANT INFORMATION

State any information which you think may be relevant to this application

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SUPPORTING DOCUMENTS

This application MUST be accompanied by the following documents:

- | | |
|---------------------------------------|---|
| (a) Copies of academic qualifications | (g) Medical certificate of fitness |
| (b) Up-to-date transcripts | (h) Copy of national insurance ID card |
| (c) Teaching philosophy | (i) Copy of relevant pages of valid passport (<i>showing photo ID, passport number and expiration date</i>) |
| (d) Research philosophy | (j) Three letters of reference |
| (e) Up-to-date curriculum vitae | |
| (f) Police record | |

List the names, email addresses and telephone numbers of three references other than relatives who can attest to your professional experiences and scholarship

| Name | Email Address | Telephone |
|------|---------------|-----------|
| | | |
| | | |
| | | |

Attach Photograph Here

I declare that the information in this application, which is subject to verification by University of The Bahamas, is correct. I understand that any misleading or incorrect information may render the application ineligible and may be cause for immediate dismissal in the event of my employment. If I am employed, I agree to abide by the rules of the University of The Bahamas and to work such hours as may be deemed necessary and consistent with said rules and regulations.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

| | | | |
|------------------------------|----------|--------------------------------|--|
| Position: | | Date Employed: | |
| Department/Unit: | | | |
| Employee ID No.: | | National Insurance No.: | |
| Salary: | | Grade: | |
| Scale: | | | |
| Campus: | | | |
| Probationary Period: | 6 Months | 1 Year | |
| Work Permit Required? | Yes | No | |
| Pensionable? | Yes | No | |
| Leave Cycle: | Academic | Calendar | |

Comments: