

Application Number:



UNIVERSITY
OF THE BAHAMAS

APPLICATION FOR EMPLOYMENT - STAFF

Name:

Complete all sections and return completed application to:

Vice President, Human Resources
University of The Bahamas
P. O. Box N-4912
Nassau, N.P., The Bahamas

Telephone: (242) 302-4472
Fax: (242) 302-4539
E-mail: hrapply@ub.edu.bs



UNIVERSITY OF THE BAHAMAS APPLICATION FOR EMPLOYMENT STAFF

Full-time

Part-time

Temporary

Position Desired: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____ Sex: Male Female
Day / Month / Year

Nationality: _____ Previous Nationality, if any: _____

Address: _____

P. O. Box: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

National Insurance No.: _____ Driver's Licence No.: _____

Marital Status: Single Married Separated Divorced Other (Explain): _____

Number of Dependents: _____ Ages: _____

Do you have any special needs or requirements? Yes No

If the answer is yes, please explain.

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

If the answer is yes, please explain.

Do you have any relatives currently employed by University of The Bahamas? Yes No

If the answer is yes, list their names and relationship to you.

Person to Notify in the Event of an Emergency

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EDUCATIONAL BACKGROUND

List secondary schools, colleges and universities attended and certificates, degrees or other qualifications obtained.

Name of Institution	Address	Dates of Attendance		Qualifications Obtained
		From	To	

EMPLOYMENT HISTORY

List 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		

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Start	Final			From	To
Describe Duties			Reason for Leaving		

RELEVANT INFORMATION

Provide any information which you believe may be relevant to this application.

REFERENCES

Provide the names, addresses and telephone numbers of three references other than relatives.

Name	Address	Telephone

SUPPORTING DOCUMENTS

This application for employment **MUST** be accompanied by the following documents.

- (a) Copies of academic qualifications
- (b) Copies of up-to-date transcripts
- (c) Copy of birth certificate/relevant pages of valid passport
- (d) Copy of valid driver's licence
- (e) Copy of National Insurance ID card
- (f) Medical certificate of fitness
- (g) Police record

DECLARATION

Attach recent photograph.	<p>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 void 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 University of The Bahamas and to work such hours as may be deemed necessary.</p> <p>Signature: _____ Date: _____</p>
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FOR OFFICIAL USE ONLY

Position: _____	Date Employed: _____
Department: _____	Probationary Period: [<input type="checkbox"/>] Six months [<input type="checkbox"/>] One year
UB Employee No.: _____	National Insurance No.: _____
Salary: _____	Grade: _____ Scale: _____
Pensionable: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Leave Cycle: [<input type="checkbox"/>] Academic [<input type="checkbox"/>] Calendar
Comments: _____	
