

Date of application	Month:	Day:	Year:
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SECTION I – PERSONAL DETAILS

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss Full Name	First: _____ Middle: _____ Last: _____
Current address	_____
Nationality (if non-Bermudian, please also complete section II)	Bermudian <input type="checkbox"/> Spouse of Bermudian <input type="checkbox"/> PRC Holder <input type="checkbox"/> Non-Bermudian (complete section II) <input type="checkbox"/>
Telephone	Daytime: _____ Cell: _____
Email address	_____
Date of birth	_____
Bermuda social insurance # (if applicable)	_____

SECTION II – IMMIGRATION

Previous full address	_____
What is your current work permit status?	_____
When does your work permit expire?	_____
Does any family member have Bermudian status? (If yes please specify name & relation)	_____
For immigration purposes, please state your marital status and number of dependants	_____
Will your dependants reside in Bermuda?	_____

SECTION III - APPLICATION

Nature of application (Permanent, Temporary, Summer, Part-time)	_____
What position are you applying for?	_____
Are you available to work outside standard hours and days? (Monday-Friday, 9am-5pm)	_____
Please state your current salary: basic gross yearly salary and benefits	_____
What are your salary expectations?	_____
What is your notice period?	_____
When would you be available to commence employment?	_____

Have you previously been employed by Appleby? If yes indicate dates and position(s) held	
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Have you applied for employment at Appleby before? If yes, indicate year and position applied for	
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Are any of your relatives currently employed at Appleby? If yes, indicate name and position held	
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Are you fluent in any foreign languages? If so, please specify	
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Where did you hear about this opportunity? If in the media, specify name of paper, website etc	
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Why are you seeking a new role?

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Why should we choose you for this position?

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SECTION III – REFERENCES (to be contacted at offer stage with your prior consent)

Professional Reference 1

Name & Company name	
Telephone # (work and cell phone)	
Email address	
Position/Title	

Professional Reference 2

Name & Company name	
Telephone # (work and cell phone)	
Email address	
Position/Title	

Character Reference

Name & association	
Telephone # (home and cell phone)	
Email address	
Position/Title	

Do you have any criminal convictions? (Y/N)	
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If yes, please provide details	
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PLEASE NOTE:

(i) I certify that all statements and facts in this Application Form are true and any deliberate misrepresentation on my part will cause the Application to be rejected, or if made apparent subsequent to my appointment will result in immediate discharge.

(ii) I understand that the completion of this Application Form does not constitute an offer of employment.

(iii) I give my consent to Appleby to obtain reference information from my past and current employers and any other persons, institutions or professional associations for the purpose of assessment of my qualification, competence, experience and suitability for the position applied for. References will be taken at offer stage with your prior consent.

(iv) I authorise Appleby to submit an application for a Police Record Check from the relevant police authorities for which I have signed a separate authorisation.

Signature: _____ **Date:** _____

CURE: COMMISSION for UNITY and RACIAL EQUALITY

Explanatory note:

Pursuant to the Commission for Unity and Racial Equality Act 1994 and the Commission for Unity and Racial Equality (Registration and Returns) Regulations 2000, employees and job applicants must provide certain information which is to be collected by the employer/potential employer.

An employee or job applicant, who without reasonable excuse, fails to complete this form or knowingly provides false information, commits an offence and is liable on conviction to a fine not exceeding \$500.

Persons obtaining information for the purposes of the Act or the Regulations are bound to secrecy as are the members, officers and servants of the Commission.

“Other” category is to be chosen if one believes that none of the other categories reflect their self-identification.

Full name:

Which of the following best describes you? (mark 'X' in the box)

Black	White	Asian	Black & White	Black & Other	White & Other	Other

Signature: _____

Date: _____

Reason for information: CURE has been charged with the responsibility of ensuring that all companies in Bermuda comply with the Law with regard to equal opportunity in the workplace, regardless of race. The collection of information of racial background of employees and job applicants is the means of establishing the racial composition of the workforce.

Why Race?: Race is an internationally recognized key item of the demographic make-up of society, which allows for informed decisions to be made regarding equal opportunity in the workplace.

Race is your business: Exactly! We wish to protect the rights of all employees and job applicants by ensuring that equal opportunity is afforded to all persons, regardless of race or colour.