



CORPORATION OF HAMILTON EMPLOYMENT APPLICATION

Name: _____ Social Security Number: _____

Address: _____

Date of Birth: _____

Contact Numbers:

Home: _____

Work: _____

Cellular: _____

E-mail address: _____

Are you: _____ (please list yes or no)

Bermudian: _____

Spouse of a Bermudian: _____

Non-Bermudian: _____

Permanent Resident Certificate: _____

Position Applying for: _____

Previous Experience (please list past employment over the last three years)

1. Employer:

Supervisor: _____ Position Held: _____

Summary of Duties: _____

Reason for leaving: _____

2. Employer:

Supervisor: _____ Position Held: _____

Summary of Duties: _____

Reason for leaving: _____

Relevant Training & Certificates: (Please list with dates of completion)

List References : (Please do not list relatives)

1. Name: _____ Contact Number(s): _____
Relationship to Applicant: _____

2. Name: _____ Contact Number(s): _____
Relationship to Applicant: _____

For the purpose of consideration of this Application for a position with The Corporation of Hamilton:

- I. I understand that the completion of this Application Form does not constitute an offer of employment.
- II. I certify that all statements and facts on this Application Form are true and any deliberate misrepresentation on my part will cause this Application to be rejected, or if made apparent subsequent to my appointment, will result in my immediate discharge.
- III. I hereby authorize and give my consent to the Corporation of Hamilton to obtain reference information from my present and past employers and any other persons I have listed for the purpose of assessment of my suitability to the post or posts applied for.
- IV. By signing below indicates Applicant's approval for the Corporation of Hamilton to undertake a background check.

Signature of Applicant: _____ Date: _____

Human Resources Use Only: (Please circle one or the other)
Application Accepted: Yes or No

Interviewed by: _____
Hire Date: _____
Approved by: _____
Job Title: _____

Date: _____
Date: _____
Date: _____
Date: _____