



Mailing Address
 P.O. Box HM 1721
 Hamilton HMGX
 Bermuda
kristi@sos.bm
www.sos.bm

The CapCar Building
 5 Burnaby Street, 2nd Floor
 Hamilton HM12 Bermuda
 441-295-1585
 441-295-1495
 441-703-7675 (SOS-5)

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment. Equal access to employment, services, and programs is available to all persons.

APPLICANT DETAILS

Title: <i>(please check one)</i> Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Miss _____ Sir _____		
Surname:	First name(s):	Middle name:
Maiden Name:	Tel (h):	Tel (c):
Address:		
Email:		Date of birth: DD / MM / YYYY
Gender: <i>(please circle one)</i> Male Female	Marital Status: <i>(please circle one)</i> Married Divorce Single Widow	Number of Dependents:
Position(s) applied for or type of work desired:	Was the position(s) advertised? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, where? - The Royal Gazette <input type="checkbox"/> - The Bermuda Job Board <input type="checkbox"/>	
Type of employment desired: (check ALL that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Do you have any objections to working overtime if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you ever been previously employed by our organization? If yes, please give dates: Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: _____	
Can you submit proof of legal employment authorization & identity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Persons seeking employment with financial/investments companies require local credit checks; are you currently listed with any Credit/Debt Association? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Insurance Number:		
Have you been convicted of a crime in the last 7 years? If yes, please explain (a conviction will not automatically bar employment): Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____		

IMMIGRATION STATUS	
Citizenship:	Do you currently hold a valid work permit? <i>(if Non-Bermudian)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse of Bermudian <input type="checkbox"/> PRC Holder <input type="checkbox"/> ***Please provide copy of documentation***	If no, do you have permission to seek employment? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACTS	
Name:	Phone Number:
Name:	Phone Number:

EMPLOYMENT DETAILS	
Current Employer: <i>(if applicable)</i>	Current Salary: \$
Notice period:	Date available to start work:

EMPLOYMENT HISTORY: Please provide all employment information for your past four employers starting with the most recent. <i>(This section must be completed, even if a resume has been submitted).</i>		
Employer:	Position Held:	Salary: \$
Dates employed:	Reason for leaving:	
Employer:	Position Held:	Salary: \$
Dates employed:	Reason for leaving:	
Employer:	Position Held:	Salary: \$
Dates employed:	Reason for leaving:	
Employer:	Position Held:	Salary: \$
Dates employed:	Reason for leaving:	

SKILLS AND QUALIFICATIONS
Summarize any job-related training, skills, licenses, certificates and/or other qualifications. Please include computer knowledge:

Please check ALL that apply									
If applying for GENERAL positions									
Transcription		Customs Clearance		Word Processing					
Clerk		Customer Service		Data Input					
Messenger		Switchboard		Computer Programming					
Medisoft		ICD (Coding System)		Minutes of Meetings					
Cashiering		BDA Immigration Process		Human Resources					
Other: <i>(Explain)</i>									
SKILLS									
Dictaphone		Microsoft Office: Outlook ___ Word ___ PowerPoint ___ Excel ___ Access ___							
Typing		wpm _____	Shorthand		wpm _____	Speedwriting		wpm _____	
If applying for ACCOUNTING positions									
Accountant		Qualified			Non-Qualified				
CA ___ CPA ___ CGA ___ CMA ___ ACCA ___		Years' Post Qualified Experience _____							
CDN GAAP		US GAAP		Legal					
UK GAAP		IFRS		Insurance/Reinsurance					
General Posting		QuickBooks		Retail					
Ledgers		Accpac for Windows		Banking					
Payable/Receivable		Great Plains		Investments					
Bookkeeping to Trial Balance		Peoplesoft		Fund Administration					
Audit		Excel		Other: <i>(Explain)</i>					
Controllership		SQL Database							
HR/Payroll		SOX							
Simply		Oracle							
If applying for CAREGIVING positions									
Child Caregiver		Elder Caregiver			Companion				
		Live-In ___			Live-Out ___				
General Health:	Excellent ___ Good ___ Fair ___ Poor ___				Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/>				
Allergies:	<i>(Please list any allergies that you may have)</i>								
Swimmer?	Excellent ___ Good ___ Poor ___ No ___			Do you like animals?		Yes		No	
Are you able to drive?	Yes	No	Driver's License #:		Do you have a car?		Yes	No	
First Language: _____ write <input type="checkbox"/> speak <input type="checkbox"/> Second Language: _____ write <input type="checkbox"/> speak <input type="checkbox"/>									
First Aid Certification		Child Development		Nutrition					
CPR Certification		Psychology		Health					
Registered Nurse		Family Relations		Nurse Associate					
ADDITIONAL RESPONSIBILITIES									
Cooking/Shopping		Light Housekeeping			Heavy Housekeeping				
CHILD CARE EXPERIENCE					ELDER CARE EXPERIENCE				
Infant	# of years:			Alzheimer's Patients			# of years:		
Toddler	# of years:			Special Needs			# of years:		
Pre-School	# of years:			Are you able to lift a person in or out of their bed/chair/car if required?			Yes		No
Special Needs	# of years:								

EDUCATIONAL HISTORY: Please list school name and location, years completed, course of study and any degrees earned.

High School:	<i>(Institution Name and Country)</i>	
	Year started: _____ Year ended: _____	Certificate/Diploma Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University:	<i>(Institution Name and Country)</i>	
Course of Study:	Diploma/Degree Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Year started: _____ Year ended: _____	
Technical Training: <i>(Institution Name and Country)</i>		
Other:		

REFERENCES: List two professional references and two character references. *Note: professional references must be a former Manager/Supervisor and character references cannot be relatives.

PROFESSIONAL REFERENCES	
Name:	<u># of years known:</u>
Employment Relationship:	Telephone:
E-Mail:	
Name:	<u># of years known:</u>
Employment Relationship:	Telephone:
E-Mail:	
CHARACTER REFERENCES	
Name:	<u># of years known:</u>
Relationship:	Telephone:
E-Mail:	
Name:	<u># of years known:</u>
Relationship:	Telephone:
E-Mail:	

CONFIDENTIALITY AGREEMENT

I, _____, understand that anything which I may see, hear or have access to whilst in the employ of, registered with, and/or seeking temporary and/or permanent employment through the services of **SOS Limited** (the "Agency") and/or in the employ of their clients, is privileged information which is strictly private and confidential and shall remain so.

I understand that I am not at liberty to divulge any of this information to anyone and to do so shall breach this agreement, and I may be held legally liable.

Breach of this agreement can prove grounds for immediate dismissal and/or potential legal action.

Applicant's Name: *(please print)*

Applicant's Signature:

Dated:

DD / MM / YYYY

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable laws.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant's Signature: _____

Date: _____ DD / MM / YYYY

Received by Agency: _____

Date: _____ DD / MM / YYYY



GOVERNMENT OF BERMUDA
Cabinet Office

Department of Statistics

APPLICANT FOR EMPLOYMENT FORM

Information provided by Applicants Interviewed for Employment

The job applicant will complete this form in order to assist the employer in completing Form D of the Annual Employment Survey. The employer will keep the information provided on this form in confidence until the expiration of the third year from the date of the person's interview. This form is to be used by applicants for employment in companies with ten or more employees.

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

Survey Definition of Race: Webster's New Twentieth Century Dictionary – Unabridged, Second Edition defines race as any of the three major biological divisions of mankind, the Caucasian (white), Negroid (black) and Mongoloid (yellow) each with various sub-divisions. The survey categories used for the race question are based on Webster's definition but are tailored to suit Bermuda's racial composition. The seven categories used are: Black, White, Asian, Black & White, Black & Other, White & Other and Other Races.

(PLEASE PRINT IN BLOCK CAPITALS)

1. Title of Job Applied For

2. To which racial group do you belong? (Circle one number only)

- 1 Black
- 2 White
- 3 Asian
- 4 Black & White
- 5 Black & Other
- 6 White & Other
- 7 Other Races

3. Date of Birth _____
Day Month Year

PrintName _____ Date _____

Signature _____