BAHAMAS GOVERNMENT SUMMER APPLICATION PROGRAMME

APPLICATION

I. PERSONAL

1. NAME: _____

2. (A) DATE OF BIRTH:_____ (B) NATIONAL INSURANCE #:_____

3. ADDRESS:_____

4. P. O. BOX: _____ 5. TELEPHONE NO: _____

5. JOB PLACEMENT INTEREST:
   Please indicate any particular area or type of work in which you would like to do.
   (a) Have past experience _____
   (b) Wish to be considered_____

6. If selected for placement, when will you be available (Please specify dates)
   From: _____ To: _____

7. PHYSICAL OR HEALTH DISABILITIES AFFECTING THE POSITION SOUGHT (If any please specify)
   _____

8. NAME, ADDRESS & TELEPHONE OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:
   NAME: _____
   ADDRESS: _____ TELEPHONE:_____

II. EDUCATION & TRAINING

9. Circle the highest grade/years completed

   8 9 10 11 12 — High School

   1 2 3 4 — College, University, Vocational/Technical

10. NAME AND ADDRESS OF SCHOOL PRESENTLY ATTENDING:
    NAME: _____
    ADDRESS:_____

11. CERTIFICATES, DEGREES OF DIPLOMA (BJC, BGCSE, OTHER) OBTAINED TO DATE
    _____
    _____

III. EMPLOYMENT HISTORY

If any, please list previous part-time jobs held. Indicate name of Company, work performed and period.
_____
_____
Other Achievements/Awards etc.: _____
_____

Applicant's Signature: _____ Date: _____

N.B. APPLICATION <u>MUST</u> BE ACCOMPANIED WITH THE FIRST FOUR (4) PAGES OF PASSPORT.