

APPLICATION FOR EMPLOYMENT*(PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE)***GENERAL INFORMATION:**

Today's Date: _____ Position applied for: _____

Name: _____
Last First MiddlePresent address: _____
Number Street Parish Zip

Bermudian: _____ Spouse of Bermudian: _____ Non-Bermudian: _____

Home Telephone No: _____ Other Contact No: _____

Can you work evenings, weekends &/or public holidays if required?: YES NO

Employment desired: FULL-TIME ONLY PART-TIME ONL FULL- OR PART-TIME

When are you available to start work?: _____

EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME OF SCHOOL, COLLEGE, UNIVERSITY	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School			
Business or Trade School			
College/University			

HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW? Yes No

If yes, explain number of conviction(s), nature of offense, how recently such offense(s) was/were committed. _____

(This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.)

WORK EXPERIENCE:

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give company name. Attach additional sheets if necessary.

Present Employer/Current Job Held:

Name of Employer:	Address:
Name of Supervisor:	Start Date:
Phone Number:	Termination Date:
Your last job title:	
Reason for leaving (be specific): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

PREVIOUS EMPLOYMENT:

Name of employer:	Address:
Name of Supervisor:	Start Date:
Phone Number:	Termination Date:
Your last job title:	
Reason for leaving (be specific): _____	

PROFESSIONAL REFERENCES - Please provide two (2) (not relatives or friends):

Name:	Address:
Working Relationship (i.e. Supervisor/Manager):	
Contact Number for Reference:	Email:
Name:	Address:
Working Relationship:	Start Date:
Contact Number for Reference:	Email:

Did you complete this application yourself? YES: _____ NO: _____

PLEASE READ CAREFULLY**APPLICATION FORM WAIVER**

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for, is cause for dismissal should I be hired, at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others.

Signature of applicant _____ Date: _____

Thank you for completing this application form and for your interest in our company.

Bermuda Land Development Company Limited
Triton House, 1 Longfield Road, St. George's. DD 03 Bermuda
(Mailing Address: P.O. Box GE 220, St. George's GEBX, Bermuda
Website: www.blde.com
Telephone: 441-293-5712 Fax: 441-293-5714

FOR OFFICE BLDC USE ONLY

Received:
(Date Stamp)

Received by: _____