

APPLICATION FOR EMPLOYMENT

Full Name: _____ Date of Application: _____

Position Applied for: _____ Desired Salary Range: \$ _____

Home Phone # _____ Cell # _____ Email: _____

Date Available for Work: _____

Note to Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. To be considered for employment, fully complete the following honestly and legibly. Further, you are required to submit the following with this completed Application Form:

1. Copy of your NIB card
2. Copy of your passport (or equivalent government I.D.)
3. References from previous employers (if any)
4. Copy of relevant certificates, degrees or qualifications (if any)

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Nationality: _____ National Insurance # _____ Passport # _____

Street Address: _____ Postal Address: _____

Date of Birth: _____ Gender: _____
D/M/Y

Do you know any current Insurance Management Employees? _____ If yes, then who? _____

Have you ever been convicted of a crime? _____ If yes, please describe in full below:

EDUCATION

High School:	Location:	Year Graduated:	Cumulative GPA:	
_____	_____	_____	_____	
College/University:	Location:	Year Graduated:	Cumulative GPA:	Degree:
_____	_____	_____	_____	_____
Other:	Location:	Year Graduated:	Cumulative GPA:	Degree/Certificate:
_____	_____	_____	_____	_____

Are you currently attending school? _____ If yes, please state what & where you are studying below:

EMPLOYMENT HISTORY

Current Employer:	Location:	Phone:	Direct Supervisor:
Title/Position:	Start Date:	End Date:	Ending Salary:
Responsibilities:			
Reason for Leaving:			
Previous Employer:	Location:	Phone:	Direct Supervisor:
Title/Position:	Start Date:	End Date:	Ending Salary:
Responsibilities:			
Reason for Leaving:			
Previous Employer:	Location:	Phone:	Direct Supervisor:
Title/Position:	Start Date:	End Date:	Ending Salary:
Responsibilities:			
Reason for Leaving:			
Previous Employer:	Location:	Phone:	Direct Supervisor:
Title/Position:	Start Date:	End Date:	Ending Salary:
Responsibilities:			
Reason for Leaving:			

Are there any other experiences, skills, or qualifications which you feel would be beneficial to the position you are applying for?

In consideration to other applicants, why should Insurance Management (Bahamas) Limited choose you?

APPLICANT DISCLAIMER AND SIGNATURE

I declare the information provided in this application is true and complete, and I understand that false or misleading information in my application or interview may result in my immediate release.

Signature: _____

Date: _____