Migrafill
Security Group

35 Trinity Way, Stapledon Gardens
P. O. Box SS-6682 | Nassau, Bahamas
Telephone: (242) 698-5100
Email: employment@migrafill.net

Place Photo Here

Employment Application Form

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *Country* *Postal Code*

_____ Email _____

Phone: _____ National Insurance #: _____ Desired Salary: **$** _____

Date Available: _____

Position Applied for: _____

Full / Part Time:

Are you a citizen of the Bahamas? YES ☐ NO ☐ If no, are you authorized to work in the Bahamas? YES ☐ NO ☐

Place of Birth: _____
City *Country*

Have you ever been convicted of any crime? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma:: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone:

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

☐ *I certify that my answers are true and complete to the best of my knowledge.*

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION FORM:

- COPY OF YOUR NATIONAL INSURANCE CARD
- COPIES OF THE FIRST FOUR (4) PAGES OF YOUR PASSPORT
- ONE PASSPORT SIZE PHOTO
- POLICE RECORD (original copy)
- IF NON-BAHAMIAN, PLEASE PROVIDE COPY OF YOUR CURRENT WORK PERMIT

Submit Form