



THE CITY OF HAMILTON EMPLOYMENT APPLICATION

Name: _____

Address: _____

Date of Birth: _____

Contact Numbers:

Home: _____

Work: _____

Cellular: _____

E-mail address: _____

Please tick one:

Bermudian/Spouse of Non-Bermudian PRC Holder

Other (please specify) _____

Position Applying for: _____

Previous Experience (please list past employment over the last three years)

1. Employer: _____ Tel: _____

From Date: _____ To Date: _____

Supervisor: _____ Position Held: _____

Summary of Duties: _____

Reason for leaving: _____

2. Employer: _____ Tel: _____

From Date: _____ To Date: _____

Supervisor: _____ Position Held: _____

Summary of Duties: _____

Reason for leaving: _____

Relevant Training & Certificates: (Please list with dates of completion)

List References: (Please do not list relatives)

1. Name: _____ Contact Number(s): _____

Relationship to Applicant: _____

2. Name: _____ Contact Number(s): _____

Relationship to Applicant: _____

For the purpose of consideration of this Application for a position with The City of Hamilton:

- I. I understand that the completion of this Application Form does not constitute an offer of employment.
- II. I agree to and understand that the Corporation of Hamilton is a Drug Free workplace and I may be required to do pre-employment drug testing as well as random drug testing if employed.
- III. I certify that all statements and facts on this Application Form are true and any deliberate misrepresentation on my part will cause this Application to be rejected, or if made apparent subsequent to my appointment, will result in my immediate discharge.
- IV. I hereby authorize and give my consent to the City of Hamilton to obtain reference information from my present and past employers and any other persons I have listed for the purpose of assessment of my suitability to the post or posts applied for.
- V. By signing below indicates Applicant's approval for the City of Hamilton to undertake a background check.

*****Resumes may be attached, however, the application form must be completed and signed to be considered*****

Signature of Applicant: _____ Date: _____

Human Resources Use Only: (Please circle one or the other)
Application Accepted: Yes or No

| | | | |
|-----------------|-------|-------|-------|
| Interviewed by: | _____ | Date: | _____ |
| Hire Date: | _____ | Date: | _____ |
| Approved by: | _____ | Date: | _____ |
| Job Title: | _____ | Date: | _____ |