



**EMPLOYMENT APPLICATION FORM**

|  |  |
|--|--|
| <b>PLEASE PRINT CLEARLY</b>  | <b>PLEASE ATTACH YOUR RESUME<br/>To This Form If You Have One.</b> |
| <b>PLEASE RETURN THIS FORM TO:</b><br>THE MARKETPLACE HUMAN RESOURCES DEPARTMENT<br>Upper Floor of The Shopping Center, Victoria St,<br>Hamilton | <b>POSITION APPLYING FOR:</b>                                      |

|  |                     |
|--|---------------------|
| <b>Date of Birth (M/D/Y):</b>          | <b>LAST NAME:</b>   |
| <b>Have you ever had another name?</b> | <b>FIRST NAME:</b>  |
| <b>If Yes, provide former name:</b>    | <b>MIDDLE NAME:</b> |

|                      |                          |
|----------------------|--------------------------|
| <b>ADDRESS</b>       | <b>Postal Code:</b>      |
| <b>House Number:</b> | <b>Telephone # Home:</b> |
| <b>House Name:</b>   | <b>Telephone # Cell:</b> |
| <b>Street:</b>       | <b>Telephone # Work:</b> |
| <b>Parish:</b>       | <b>E-Mail:</b>           |

|  |  |
|--|--|
| <b>PREVIOUS MARKETPLACE EMPLOYMENT</b>                       |  |
| <b>Have you been employed by The MarketPlace Ltd Before?</b> |  |
| <b>If Yes, what was your job position?</b>                   |  |
| <b>If Yes, which MarketPlace store did you work in?</b>      |  |
| <b>If Yes, when (what year(s) did you work with us?</b>      |  |

| <b>KNOWLEDGE OF MARKETPLACE</b>   |  |
|---|--|
| <b>Do you have any relatives and friends that work or worked for The MarketPlace?</b>                 |  |
| <b>What made you consider a job at MarketPlace?</b><br>(Newspaper Ad, Friend, Website, Agency, Other) |  |

| <b>WORK AVAILABILITY</b>  |  |
|---|--|
| <b>Are you able to work Full Time, Part Time, Shift Work?</b>   |  |
| <b>Are you able to work on Saturdays and Sundays?</b>   |  |
| <b>Are you currently on “lay-off” status and subject to Recall?</b>   |  |
| <b>Are you a Student?</b><br><b>If Yes, which school/college do you attend?</b>                             |  |
| <b>In the past year, approximately how many days have you not been to work due to illness or otherwise?</b> |  |

| <b>RESPECT &amp; HONESTY</b>  |  |
|---|--|
| <b>Have you ever been convicted of a crime or had disciplinary action taken against you? If yes, provide details:</b> |  |
| <b>Have you ever been fired or asked to leave a job? If yes, provide details:</b>                                     |  |

| <b>PRACTICAL SKILLS</b>                       |  |
|---|--|
| <b>Do you have a valid Driver’s License?</b>  |  |
| <b>Do you know how to operate a computer?</b> |  |

| <b>JOB EXPECTATIONS</b>   |  |
|---|--|
| <b>Do you understand that you must prove yourself to be competent to perform your job?</b>            |  |
| <b>Do you understand that your job includes your appearance and your attitude?</b>                    |  |
| <b>Do you understand that you must follow directions from your superiors and show respect to all?</b> |  |

|  |  |
|--|--|
| <b>JOB EXPECTATIONS continued.....</b>   |  |
| <b>Do you understand that your job includes the care<br/>And cleanliness of any company property you use?</b>                                      |  |
| <b>Do you understand that if you do not perform to<br/>MarketPlace standards and do not abide by<br/>MarketPlace rules, you may be terminated?</b> |  |

|  |  |
|--|--|
| <b>EMPLOYMENT &amp; PREVIOUS EMPLOYMENT</b>              |  |
| <b>What is the name of your <u>present</u> employer?</b> |  |
| <b>Employment Position / Job Title:</b>                  |  |
| <b>Start Date with present employer:</b>                 |  |
| <b>Salary, Wage or Hourly Rate:</b>                      |  |
| <b>Telephone Number of present employer:</b>             |  |
| <b>May we contact your present employer?</b>             |  |

|   |  |
|---|--|
| <b>What is the name of your <u>last</u> employer?</b> |  |
| <b>Employment Position / Job Title:</b>               |  |
| <b>Start Date &amp; End Date with last employer:</b>  |  |
| <b>Reason for leaving last employer:</b>              |  |
| <b>Salary, Wage or Hourly Rate:</b>                   |  |
| <b>Telephone Number of last employer:</b>             |  |
| <b>May we contact your last employer?</b>             |  |

|  |  |
|--|--|
| <b>Please name <u>another previous</u> employer:</b>     |  |
| <b>Employment Position / Job Title:</b>                  |  |
| <b>Start Date &amp; End Date with previous employer:</b> |  |
| <b>Reason for leaving previous employer:</b>             |  |

|  |  |
|--|--|
| <b>Employment &amp; Previous Emp'ment Continued.....</b> |  |
| <b>Salary, Wage or Hourly Rate:</b>                      |  |
| <b>Telephone Number of previous employer:</b>            |  |
| <b>May we contact your previous employer?</b>            |  |

|   |  |
|---|--|
| <b>WORK EXPERIENCES</b>   |  |
| <b>Have you ever been terminated or asked to leave your job?<br/>If Yes, please explain why.</b>  |  |
| <b>Have you ever received an award or been commended by your job?<br/>If Yes, please explain.</b> |  |

|   |  |
|---|--|
| <b>EDUCATION</b>  |  |
| <b>Name of High School you attend / attended and Dates attended:</b>              |  |
| <b>Name of College you attend / attended and Dates attended:</b>                  |  |
| <b>Did you Graduate from High School?</b>   |  |
| <b>List any other Education Courses that you have attended / participated in:</b> |  |

|  |           |
|--|-----------|
| <b>ACHIEVEMENTS</b>                          | <b>1.</b> |
| <b>What 3 things are you really good at?</b> |           |
|  | <b>2.</b> |
|  |           |
|  | <b>3.</b> |

|  |  |
|--|--|
| <b>SERVICE</b>   |  |
| <b>Are you currently serving or have you served in The Bermuda Regiment?</b>   |  |
| <b>Do you serve in any public service such as the Police, Fire or Medical or do you volunteer to help out anywhere on a regular basis?</b> |  |

|  |    |
|--|----|
| <b>REFERENCES</b>  |    |
| List the Name and Telephone Number of two (2) persons, not related to you, that we may contact for references. | 1. |
|  |    |
|  | 2. |
|  |    |

|  |             |
|--|-------------|
| <b>STATEMENT OF TRUTH</b>  |             |
| All the questions that I have answered and all the statements that I have made are complete and true to the best of my knowledge.  |             |
| I understand that any false information, omissions or misrepresentations of facts that I include in this application, may result in the rejection of my application or termination at any time during my employment. |             |
| _____  | _____       |
| <b>SIGNATURE OF APPLICANT</b>  | <b>DATE</b> |

Your Application Form will be kept on file for three (3) months.

|   |
|---|
| <b>STATEMENT OF EQUAL OPPORTUNITY</b>   |
| All applicants receive equal consideration for employment. This means that your application is considered without regard to race, color, religion, sex, national origin, age, martial status, veteran status, the presence of a non- job-related handicap, or any other legally protected status. |