



EMPLOYMENT APPLICATION

Name: _____	Social Insurance Number: _____	
Date of Birth: _____	Job Applying for: _____	
Address: _____		
STATUS: <input type="checkbox"/> Bermudian <input type="checkbox"/> Spouse of Bermudian <input type="checkbox"/> PRC Holder <input type="checkbox"/> Non-Bermudian		
Non-Bermudian		
Nationality: _____	SSN/SIN/NIN: _____	
Address: _____		
Contact Numbers:		
Home: _____	Work: _____	Cell: _____
Email Address: _____		
Do you hold a valid Bermuda Drivers License?	YES	NO
If yes, please list the types of license (s) and your driver's license numbers:		
Would you like to work Full-Time or Part-time hours?	FULL-TIME	PART-TIME
Can you work any shift, if required?	YES	NO
Have you ever been arrested or convicted of a crime?	YES	NO
If yes, please explain:		
If you are a Spouse of a Bermudian, do you have a Spouse's Employment Rights certificate?	YES	NO
If you are a non-Bermudian, do you have Permission to seek employment?	YES	NO



PREVIOUS WORK EXPERIENCE (Please list any additional Employers on the back of this application)

1. Employer:

Supervisor: _____ Position Held: _____

Start Date: _____ End Date: _____

Reason For Leaving: _____

Work Reference

Name: _____ Contact Numbers: _____

Title: _____

2. Employer:

Supervisor: _____ Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

Work Reference

Name: _____ Contact Numbers: _____

Title: _____

3. Employer:

Supervisor: _____ Position Held: _____

Start Date: _____ End Date: _____

Reason for leaving: _____

Work Reference

Name: _____ Contact Numbers: _____

Title: _____

I confirm that the information given in this application is true and complete.

I understand that if employed, false statements, or lack of full disclosure in the application may be considered sufficient cause for dismissal. My employment with the Bermuda Casino Gaming Commission will be subject to satisfactory reference checks. This may include information regarding my employment, education and credit history. This information will be kept in the strictest of confidence. By signing below, I verify that I understand and have given consent for the Bermuda Casino Gaming Commission to conduct the required reference checks.

Applicant Signature

Date

Application Received By

Date



Criminal Reference Authorization Form

The below named individual has applied to the **Bermuda Casino Gaming Commission** for employment and has given us consent to conduct an investigation of their background. This may include information regarding his/her education, employment history, credit report, and/or criminal search in either verbal or written form. We require your assistance in verifying the below information. Please return the document via fax to or mail upon completion to the address specified below. This information is provided in the strictest of confidence.

Name of Applicant _____

Applicant Signature _____

HR Signature _____

My previous records will be in the name: _____

(Specify if Maiden Name)

Date of Birth _____

SIN/SSN/NIN _____

Address: _____

Telephone

Home: _____

Work: _____

Current Employer: _____

Previous Employer: _____

FOR INTERNAL USE ONLY

The above named applicant has no criminal record or civil record.

The above named applicant has a criminal record or civil record.

Name of Person Providing Reference & Position: _____

Date: _____

Reference Checked By: _____