



BERMUDA ELECTRIC LIGHT COMPANY LTD.

APPLICATION FOR EMPLOYMENT

NAME:
LAST FIRST MIDDLE

DATE:

POSITION APPLIED FOR:

PLEASE ATTACH SUPPORTING DOCUMENTS

APPLICATION FOR EMPLOYMENT
PLEASE PRINT ANSWERS

This information not only helps to determine your qualifications for the position for which you apply, but also assists us in determining your fitness for promotion to other positions, if you enter our employment. It is therefore essential that every question be completed and fully answered.

Former Name (if applicable)			Home phone #: _____
Last	First	Middle	Work phone #: _____
			Cell phone #: _____
FULL ADDRESS			Pager #: _____
			Email: _____

Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you under the age of 65? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you Bermudian? Yes <input type="checkbox"/> No <input type="checkbox"/>	State Class of Valid Driving License Held: _____
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SCHOOL EDUCATION

SCHOOLS ATTENDED	DATE STARTED	DATE LEFT	EXAMINATIONS PASSED & GRADES

FURTHER EDUCATION AND TRAINING

ESTABLISHMENTS ATTENDED AND DATES	COURSES TAKEN	QUALIFICATIONS OBTAINED/GRADES

Have you ever been employed by BELCO? No <input type="checkbox"/> Yes <input type="checkbox"/> If so when? _____
What was your job? _____
Reason for leaving BELCO _____

EMPLOYMENT RECORD (list last four jobs)

From Mo. Yr.	To Mo. Yr.	Company	Job Title / Position	Reason for Leaving
(last or current)				
(second last job)				
(third last job)				
(fourth last job)				

Have you previously worked shifts?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you willing to work shifts?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you willing and able to climb Electricity Poles? (applies to Lineperson applicants only)	No <input type="checkbox"/> Yes <input type="checkbox"/>

MEDICAL HISTORY

Are you aware of any physical, mental or emotional constraints/impairments that may prove an impediment to your success in this job? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain _____

REFERENCES

Name	Position/Title	Organization	Contact Number	Reference Type
				Business <input type="checkbox"/> Personal <input type="checkbox"/>
				Business <input type="checkbox"/> Personal <input type="checkbox"/>
				Business <input type="checkbox"/> Personal <input type="checkbox"/>
				Business <input type="checkbox"/> Personal <input type="checkbox"/>

I declare that all the information I have given is true and I give BELCO the right to investigate my answers. I understand that any misrepresentation will cause cancellation of this application and termination from the Company's service if employed. I also understand that all appointments are subject to a satisfactory pre-employment medical which includes a screening for illegal substances. I authorize BELCO to contact my references and previous employers, as well as request official school and college transcripts.

Signature of Applicant Date



Bermuda Electric Light Company Limited
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Mailing Address: P.O. Box HM 1026, Hamilton HM DX
Telephone: 295-5111
Website: www.belco.bm