

APPLICATION FEE \$50.00
(NON - REFUNDABLE)

FOR OFFICIAL USE:

STATUS:

DATE:

OFFICER:



LABOUR DEPARTMENT
NASSAU, BAHAMAS

EX-2
NOTIFICATION OF VACANCY
(TO BE SUBMITTED IN DUPLICATE) PLEASE PRINT

COMPANY/EMPLOYER

STREET ADDRESS:

TELEPHONE: BUSINESS: P.O. BOX

TYPE OF BUSINESS	OWNERSHIP	HOURS OF WORK	NO. OF EMPLOYEES		DURATION
			BAH	NON-BAH	
	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> International				<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
WAGES/SALARY	PAY UNIT	EDUCATION	EXPERIENCE		CERTIFICATE
	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School <input type="checkbox"/> College			

JOB TITLE

DETAILS OF DUTIES:

(1) NAME OF EMPLOYEE: AGE: SEX:
 (ON BEHALF OF WHOM THE APPLICATION IS MADE)

(2) NATIONALITY/COUNTRY OF ORIGIN:

(3) NUMBER OF YEARS RESIDENT IN THE BAHAMAS:

(4A) NEW APPLICANT: (4B) RENEWAL:

(5) NUMBER OF BAHAMIANS IN TRAINING FOR ABOVE POSITION:

NAMES **DATE TRAINING BEGINS**

DURATION OF TRAINING:

(6) LIST ACADEMIC QUALIFICATIONS PROFESSIONAL EXPERIENCE (ON BEHALF OF WHOM THE APPLICATION IS MADE):-

SIGNATURE: DATE:

OFFICIAL USE ONLY

JOB TITLE JOB CODE

INDUSTRIAL CODE RECEIVED BY JOB NUMBER

OFFICER DATE

