



Postal Address: P.O. Box HM 373, Hamilton HM BX, Bermuda
Street Address: 25 Serpentine Road, Pembroke HM 07, Bermuda
Telephone: 441-295-3111 **Fax:** 441-295-8311
E-Mail: info@bermudagas.bm **Web:** www.bermudagas.bm

BERMUDA GAS & UTILITY COMPANY LTD.

APPLICATION FOR EMPLOYMENT

NAME:
LAST *FIRST* *MIDDLE*

DATE:

POSITION APPLIED FOR:

PLEASE ATTACH SUPPORTING DOCUMENTS



EMPLOYMENT RECORD (list last four jobs)

From: Mo. Yr.	To: Mo. Yr.	Company & Address	Job	Reason for Leaving
<i>(last or current)</i>				
<i>(second last job)</i>				
<i>(third last job)</i>				
<i>(fourth last job)</i>				

Have you previously worked shifts? Yes No Are you willing to work shifts? Yes No

MEDICAL HISTORY

Please state whether you have or are suffering from any of the following: (Please answer "YES" or "NO")

Defective Eyesight..... Colour Blindness..... Defective Hearing..... Skin Complaints.....
 Back Ailments..... Heart Ailments..... Chest Ailments..... Nervous Ailments.....
 Rupture..... Blackouts..... Epileptic Fits.....

Please state, with dates, any other serious illnesses, operations or disabilities: _____

Are there any known circumstances that might interfere with your ability to perform the job for which you are applying
 Yes No If yes give details: _____

HOBBIES & INTERESTS

State main interests, sports, etc. _____

REFERENCES OTHER THAN RELATIVES

Name	Telephone Number	Occupation

I declare that all the information I have given is true and I give Bermuda Gas 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 Bermuda Gas to contact my references and previous employers, as well as request official school and college transcripts.

Signature of Applicant..... Date.....