



Application for Employment with

IPG FAMILY OFFICE

Please complete each section of this form in BLOCK CAPITALS and in black ink

Personal Details

	Applicant					
Title (Mr/Mrs/Ms/Other)						
Family Name						
First Name(s)						
Full Residential Address						
City					Post/Zip Code	
Country						
Date of Birth						
Place of Birth	DAY / MONTH / YEAR					
Nationality						
Bahamas Job Permit						
Residential Telephone / Email	Phone				Email	
Preferred Method(s) of Correspondence	Phone	YES / NO	Email	YES / NO	Letter	YES / NO

Position Being Applied For

Position / role you are applying for								
Date available for employment	DAY / MONTH / YEAR							
Nature of employment	Full time	YES / NO	Part time*	YES / NO	Temporary*	YES / NO	Permanent	YES / NO
*Availability	Part time	HOURS PER WEEK			Temporary	WEEKS FROM START DATE		
Currently employed?	YES / NO							



Education (most recent first)

	Name and Location	Date From	Date To	Certificates and Grades
University / Further Education Establishment	1	DAY / MONTH / YEAR	DAY / MONTH / YEAR	
	2	DAY / MONTH / YEAR	DAY / MONTH / YEAR	
High School / Secondary School	1	DAY / MONTH / YEAR	DAY / MONTH / YEAR	
	2	DAY / MONTH / YEAR	DAY / MONTH / YEAR	
	3	DAY / MONTH / YEAR	DAY / MONTH / YEAR	
Awards / Scholarships				
Professional Memberships and Licenses				
Plans for future education / study (if any)				
Technical skills	<input type="checkbox"/> Typing <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Shorthand	<input type="checkbox"/> Microsoft Excel <input type="checkbox"/> 5Series	
Foreign languages	1	MOTHER TONGUE / FLUENT / BASIC		
	2	MOTHER TONGUE / FLUENT / BASIC		
	3	MOTHER TONGUE / FLUENT / BASIC		
	4	MOTHER TONGUE / FLUENT / BASIC		



Employment History (most recent first)

Name of Company	Address	Date From	Date To	Position	Duties
1		DAY / MONTH / YEAR	DAY / MONTH / YEAR		
2		DAY / MONTH / YEAR	DAY / MONTH / YEAR		
3		DAY / MONTH / YEAR	DAY / MONTH / YEAR		
4		DAY / MONTH / YEAR	DAY / MONTH / YEAR		

References (please state details of referees that IPG may contact)

Name of referee	Position	Mail / email address	Telephone
1			
2			
3			
4			

General Information

Have you ever been dismissed from any previous employment?	YES / NO	If YES, please state the circumstances	
Have you ever been asked to leave any previous employment?	YES / NO	If YES, please state the circumstances	
Do you have any criminal convictions?	YES / NO	If YES, please state details of the offence(s)	
Please state here any further information that you consider relevant to this application			

Certification: I hereby certify that the information provided in this Application for Employment is true, correct and complete. If employed, I acknowledge that any misstatement, omission or falsehood may result in my immediate dismissal.

Signature SIGN HERE	Date DAY / MONTH / YEAR
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