



**Limited**

**Full Service Employment Agency**

PO Box HM 1721  
Hamilton HM GX Bermuda  
441-295-1585 | tele  
441-295-1495 | fax  
info@capcarsos.com | email

The CapCar Building  
5 Burnaby Street  
2<sup>nd</sup> Floor  
Hamilton HM 12 Bermuda  
www.sos.bm

**Application for Employment (Website Application)**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Date: \_\_\_\_\_

Applicants Name: Please check one \_\_\_\_\_ Dr. \_\_\_\_\_ Miss \_\_\_\_\_ Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Sir \_\_\_\_\_

\_\_\_\_\_  
Please print name

Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Telephone (h) #: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Telephone (w) #: \_\_\_\_\_

Telephone (c) #: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

dd/mm/yyyy

Sex:  Male  Female

Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (h) #: \_\_\_\_\_ Telephone (c) #: \_\_\_\_\_

Telephone (w) #: \_\_\_\_\_ Telephone / Other #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (h) #: \_\_\_\_\_ Telephone (c) #: \_\_\_\_\_

Telephone (w) #: \_\_\_\_\_ Telephone / Other #: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary

How many days notice will you need to end current job: \_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any objection to working overtime if necessary?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been previously employed by our organization?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you submit proof of legal employment authorization & identity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you furnish a work permit if it is required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been convicted of a crime in the last 7 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, please explain (a conviction will not automatically bar employment):

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever visited Bermuda?**  Yes  No

If so, please give date(s) of last visit: \_\_\_\_\_

Reason for Visit:  Holiday  Family/Friends  Cruise

How were you referred to us? \_\_\_\_\_

Did an existing employee of ours refer you?  Yes  No

____ (ERBP) Office To Complete
-----------------------------------

Name of referring employee: \_\_\_\_\_

*Only ONE referring employee name may be given.*

**Employment History:** Please provide all employment information for your past four employers starting with the most recent. *(THIS SECTION MUST BE COMPLETED, EVEN IF A RESUME HAS BEEN SUBMITTED)*

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Employment History** continued....

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Employment History** continued....

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employment History** continued....

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications. **Please include computer knowledge:**

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**Please check all that Apply**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Minutes of Meetings          | <input type="checkbox"/> Shorthand            | <input type="checkbox"/> wpm                  |  |
| <input type="checkbox"/> Messenger                    | <input type="checkbox"/> Speedwriting         | <input type="checkbox"/> wpm                  |  |
| <input type="checkbox"/> Customs Clearance            | <input type="checkbox"/> Typing               | <input type="checkbox"/> wpm                  |  |
| <input type="checkbox"/> Dictaphone                   |   |   |  |
| <input type="checkbox"/> Switchboard                  | <input type="checkbox"/> Computer Input       | <input type="checkbox"/> Computer Programming |  |
| <input type="checkbox"/> Word Processing              |   |   |  |
| <input type="checkbox"/> Accountant                   | <input type="checkbox"/> Qualified            | <input type="checkbox"/> Non-Qualified        | <input type="checkbox"/> General Posting |
| <input type="checkbox"/> Ledgers                      | <input type="checkbox"/> Payroll              | <input type="checkbox"/> Payable/Receivable   |  |
| <input type="checkbox"/> Bookkeeping to Trail Balance | <input type="checkbox"/> Insurance Consultant | <input type="checkbox"/> Re-Insurance         |  |
| <input type="checkbox"/> Clerk                        | <input type="checkbox"/> Nanny                | <input type="checkbox"/> Companion            |  |

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**References**

List 3 references names, telephone numbers, and years known (do not include relatives):

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable laws.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION FOR POLICE RECORD CHECK

Full Name -----  
Surname ----- Given Names -----

Maiden Name (if applicable) -----

Date & Country of birth -----  
DAY/MTH/YR ----- Country -----

Address whilst residing in Bermuda -----  
-----

Current street address (if different than above) -----  
-----

Tel (Home) ----- (Work) ----- (Cell) -----

email address: -----

Send Record Check to:

Full name \_\_\_\_\_ Ronald James Spencer III, Office Manager \_\_\_\_\_  
\_\_\_\_\_ SOS Limited / CapCar Temporary Services \_\_\_\_\_

Full address \_\_\_\_\_ P.O. Box HM 1721, Hamilton HM GX \_\_\_\_\_

Reference number (if applicable) -----

I authorize the Bermuda Police Service to disclose details of my previous convictions (if any) to the recipient named above.

I authorize \_\_\_\_\_ SOS Limited / CapCar Temporary Services \_\_\_\_\_ to act on my behalf in this matter.

Date: ----- Signature: -----

# Instructions for Submitting Requests & Documentation

## IMPORTANT

The Bermuda Police Service will only accept applications for Police Record Check & Clearance under the following circumstances:

1. Submitted on Bermuda Police Service application form SF39.
2. Completed and signed by the applicant themselves.
3. Submitted directly by the applicant or by the applicants nominee.
4. If a nominee is acting on the applicants behalf, signed consent from the applicant identifying the nominee must be provided.
5. Provision of Government, Federal or State photographic identification i.e. Passport or Drivers License. A legible and endorsed copy will be accepted.
6. Photographic identification must be provided.
  - i) With the application, if submitted in person.
  - ii) When the application is submitted by email, fax or post, your photographic identification must be endorsed by one of the following:
    - a) Attorney
    - b) Law Enforcement Officer
    - c) Notary Public
    - d) Court Officer
    - e) Consular Official

Stating 'This is a true likeness of (applicants name) the date and the identity of the endorsing person.

7. Applications can be submitted:
  - i) At Police Headquarters, Prospect.
  - ii) At Hamilton, Somerset or Southside Police Station
  - iii) By fax to 441 299 4459.
  - iv) By email to [vetting@bps.bm](mailto:vetting@bps.bm)

Please note that incomplete forms or forms not accompanied with photographic identification will not be processed and will not be returned.

**INFORMATION TO BE PROVIDED BY EMPLOYERS**

**Explanatory Note:**

In accordance with the **Commission for Unity and Racial Equality Act 1994 and the Commission for Unity and Racial Equality (Registration and Returns) Regulations 2000**, persons obtaining information for the purposes of the Act or the Regulations are bound to secrecy as are the members, officers and servants of the Commission. An employee, who without reasonable excuse, fails to complete this form or knowingly provides false information, commits an offence and is liable on conviction to a fine not exceeding \$500.

“Other” category is to be chosen if one believes that neither of the other categories reflect their self-identification.

**1. Full Name**

**2. Which of the following best describes you? (Tick One)**

Black	White	Asian	Black & White	Black & Other	White & Other	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Reasons for Information:** CURE has been charged with the responsibility of ensuring that all companies in Bermuda comply with the Law with regard to equal opportunity in the workplace, regardless of race. The collection of information of racial background of employees and job applicants is the means of establishing the racial composition of the workforce.

**Why Race?:** Race is an internationally recognized key item of the demographic make-up of society, which allows for informed decisions to be made regarding equal opportunity in the workplace.

**Race is your business:** Exactly! We wish to protect the rights of all employees and job applicants by ensuring that equal opportunity is afforded to all persons, regardless of race of colour.





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**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, understand that anything which I may see, hear or have access to whilst in the employ of, registered with, and/or seeking temporary and/or permanent employment through the services of **SOS Limited, CapCar Temporary Services or CapCar Accounting Services** (collectively, the “Agency”) and/or in the employ of their clients, is privileged information which is strictly private and confidential and shall remain so.

I understand that I am not at liberty to divulge any of this information to anyone and to do so shall breach this agreement, and I may be held legally liable.

Breach of this agreement can prove grounds for immediate dismissal and/or potential legal action.

Employee’s Name: (please print) \_\_\_\_\_

Employee’s Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Ron Spencer III, Office Manager