BUCK’S MARKETS JOB APPLICATION FORM



Buck’s Food Market

P.O. Box 44

Valley, Virgin Gorda

British Virgin Islands

Tel. 495-5423 Fax 495-5141

Email: bucksmarket@surfbvi.com

DATE OF APPLICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION APPLING FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE CONTACTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIONALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES PROVIDE DETAILS

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DO YOU HAVE A DRIVERS LICENSE \_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

TYPE OF EMPLOYMENT DESIRED \_\_\_\_\_\_\_\_ FULL-TIME \_\_\_\_\_\_\_ PART-TIME

DO YOU NEED A WORK PERMIT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER WORKED IN THE BVI? IF YES STATE LAST TWO EMPLOYERS, POSITIONS HELD AND SUPERVISOR CONTACT INFORMATION

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PLEASE LIST YOUR EDUCATIONAL BACKGROUND FROM HIGH SCHOOL TO PRESENT

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WHY SHOULD BUCKS’S FOOD MARKET HIRE YOU FOR THE POSITION YOU ARE APPLYING FOR?

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PLEASE LIST TWO REFERENCES THAT ARE NOT FAMILY ALONG WITH CONTACT INFORMATION

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ADDITIONAL COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE ATTACH A PASSPORT SIZE PHOTO TO THIS APPLICATION.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_