

**BAHAMAS CATHOLIC BOARD OF EDUCATION
OFFICE OF THE DIRECTOR OF CATHOLIC EDUCATION**

Catholic Schools – Archdiocese of Nassau

P.O. Box N-7135, Nassau, Bahamas

Telephone: 242-322-3780

Fax: 242-356-3326

E-mail: cathboed@coralwave.com/director@cec.edu.bs

PHOTO

TEACHER'S APPLICATION FORM

Email: _____ Date _____

(PRINT) LAST NAME FIRST NAME Date of Birth _____
DAY MONTH YEAR SEX

Place of Birth _____ Citizenship _____

Religious Affiliation _____ Church/Place of Worship _____

Single _____ Married _____ Divorced _____ Separated _____ National Insurance # _____

Home Address (including P.O. Box #) _____ Home Phone # _____

Date of Marriage _____ Place _____

Name of Spouse _____

Place of Work _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Telephone _____ Address _____

List the name and date of birth of each child

Were you seriously ILL in the last ten years? _____ NO _____ YES / EXPLAIN _____

Have you ever been convicted by any Court in The Bahamas or elsewhere? If so give details

Have you ever been dismissed or otherwise removed from the place of employment? If so give details

Total Number of Previous Qualified Teaching Experiences _____

Hobbies, Skills or Special Interest: (List those which may have a bearing upon teaching or extra curricular activities)

Teaching preference: Grade(s) _____ Age Group(s) _____

Subjects (in other of preference)

List the Professional Associations to which you belong.

NOTE:

The application must be accompanied by copies of qualifications mentioned, birth and police certificates.

I declare that the particulars contained in this application are true and correct. I understand that if these particulars are false in any material respect; I may render myself liable to dismissal.

Signature of Applicant

1. What is your Philosophy of Education?

2. Why do you want to teach in a Catholic School?
