



BAHAMAS CATHOLIC BOARD OF EDUCATION
OFFICE OF THE DIRECTOR OF CATHOLIC EDUCATION
Roman Catholic Schools – Archdiocese of Nassau
P. O. Box N-7135, Nassau, Bahamas
Telephone: (242) 322-3780
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TEACHER’S APPLICATION FORM

Email: _____ Date _____

(PRINT NAME) LAST FIRST MIDDLE Date of Birth DD / MM / YYYY

Gender _____ Place of Birth _____ Nationality _____

Religious Affiliation _____ Church/Place of Worship _____

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

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

Date of Marriage _____ Place _____

Name of Spouse _____ Workplace _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Phone _____ Address _____

List the name and date of birth of each child

_____	_____
_____	_____
_____	_____

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

If YES, explain _____

Have you ever been convicted by any Court in The Bahamas or elsewhere? NO YES

If YES, give details _____

Have you ever been dismissed or otherwise removed from your place of employment? NO YES

If YES, give details _____

Are you related to any person currently or previously employed with the Board? NO YES

If YES, give details _____

List the name and address of at least three people who are familiar with your work (including your present employer) and attach two reference letters, one of which should be from your present employer.

NAME	POSITION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

Secondary/High School _____ Years in attendance _____ to _____
Place _____

What diploma/certificates did you receive? _____

List the G.C.E. or B.G.C.S.E. examinations that you passed, the year and the grade:

SUBJECTS	YEAR	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Teacher’s Certificate? _____ Year received _____

College _____

University Degree: (Major) _____
(Minor) _____

University: _____

Refresher Courses: Title of Courses, Date, Length, Organizing Body

TITLE OF COURSE	DATE	LENGTH	ORGANIZING BODY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teaching Experience:

SCHOOL	YEARS	GRADE(S) TAUGHT
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Total Number of Previous Experiences _____

Hobbies, Skills or Special Interests: (List those which may have a bearing upon teaching or extracurricular activities)

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

Subjects (in order 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?
