

**APPLICATION FEE \$50.00**  
**(NON - REFUNDABLE)**

**FOR OFFICIAL USE:**

STATUS: .....

DATE: .....

OFFICER: .....



**LABOUR DEPARTMENT**  
**NASSAU, BAHAMAS**

**EX-2**  
**NOTIFICATION OF VACANCY**  
**(TO BE SUBMITTED IN DUPLICATE) PLEASE PRINT**

COMPANY/EMPLOYER .....

STREET ADDRESS: .....

TELEPHONE: ..... BUSINESS: ..... P.O. BOX .....

TYPE OF BUSINESS	OWNERSHIP	HOURS OF WORK	NO. OF EMPLOYEES		DURATION
			BAH	NON-BAH	
	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> International				<input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
WAGES/SALARY	PAY UNIT	EDUCATION	EXPERIENCE		CERTIFICATE
	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School <input type="checkbox"/> College			

**JOB TITLE** .....

**DETAILS OF DUTIES:** .....

(1) **NAME OF EMPLOYEE:** ..... **AGE:** ..... **SEX:** .....  
 (ON BEHALF OF WHOM THE APPLICATION IS MADE)

(2) **NATIONALITY/COUNTRY OF ORIGIN:** .....

(3) **NUMBER OF YEARS RESIDENT IN THE BAHAMAS:** .....

(4A) **NEW APPLICANT:**  (4B) **RENEWAL:**

(5) **NUMBER OF BAHAMIANS IN TRAINING FOR ABOVE POSITION:** .....

**NAMES** ..... **DATE TRAINING BEGINS** .....

**DURATION OF TRAINING:** .....

(6) **LIST ACADEMIC QUALIFICATIONS PROFESSIONAL EXPERIENCE (ON BEHALF OF WHOM THE APPLICATION IS MADE:-**

**SIGNATURE:** ..... **DATE:** .....

**OFFICIAL USE ONLY**

**JOB TITLE** ..... **JOB CODE** .....

**INDUSTRIAL CODE** ..... **RECEIVED BY** ..... **JOB NUMBER** .....

**OFFICER** ..... **DATE** .....

