



GOVERNMENT OF BERMUDA
Ministry of Education

The Department of Education - Human Resource Section

APPLICATION FOR EMPLOYMENT

Kindly complete all sections, regardless of whether applications have been submitted for this or any other post in the past.

Please indicate the desired start date: September 20____ January 20____

SCHOOL LEVEL APPLYING FOR:

(Tick as appropriate) Preschool Primary Middle Senior Dame Marjorie Bean Hope Academy

Specific Position/Subject Area _____

PERSONAL DETAILS:

Title: Dr. Mr. Ms. Mrs. Miss

Full Name (print): _____ Telephone No.: Home _____ Other _____

E-mail Address: _____

Home Address: _____

Mailing Address: (if different from home) _____

Bermudian Spouse of Bermudian Non-Bermudian -Nationality _____

Age: _____ Date of Birth: ____/____/____
D M Y

EDUCATION (TO BE COMPLETED BY ALL APPLICANTS IN FULL)

Schools, Colleges, Universities attended	Full/ Part-time	Entered	Left

Academic, Professional, Technical qualifications obtained (in full) (Courses related to employment being sought must be supported by certificates & official transcripts)	Date Obtained

Special courses undertaken relative to the post applied for: (Courses related to employment being sought must be supported by certificates)	Date Obtained

Did your Teacher's certification course include a minimum 12-week practical teaching component?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location of Teaching Practicum		
Area of Teaching Certification:		

NAME AND ADDRESS OF PRESENT EMPLOYER

Post Held: _____

Current Pay: _____ Date Commenced: _____

Reason for wishing to leave: _____

(All information given under this section will be treated in strict confidence).

PREVIOUS EMPLOYMENT

Name and Address of Employer	Post Held	Pay on Leaving	Date Started	Date Left	Reasons for Leaving

Are you in receipt of a pension earned from previous employment in Bermuda Government? Yes No

PROFESSIONAL REFERENCES: Provide TWO referees that have been either your supervisor or manager but are not a relative. Please ensure that these references will be willing to provide relevant information if requested to do so.

Name: _____	Name: _____
Address: _____	Address: _____
Working Relationship to you: _____	Working Relationship to you: _____
Current position held: _____	Current position held: _____
Day Telephone No.: _____	Day Telephone No.: _____

Have you ever been convicted by a court of Law in Bermuda or elsewhere? Yes No

If yes, please give details: _____

NOTICE TO APPLICANTS:

Please note that your employment in the BPSS is subject to licensure by the **Bermuda Educators Council (BEC)**. All teachers will need to register, which can be done by downloading the application form from www.educators.bm (under licensing).

Attention is drawn to the provisions of the Public Service Commission Regulations whereby any person who canvasses any member of the Legislature in connection with the appointment of any person to any office shall be disqualified for appointment.

I CERTIFY, to the best of my knowledge, that the information contained in this application is a true and factual record and I understand that should the information provided prove to be incorrect or misleading, then the appointment, whether offered or in fact in effect, may be cancelled.

Date: _____ Signature: _____



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**BERMUDA PUBLIC SCHOOL SYSTEM
TEACHER QUESTIONNAIRE**

Kindly complete the following questions

What are your three (3) most important reasons for wanting to be a teacher?	
How much do you want to know about your students in order to be most helpful to them?	
What three (3) things do you most want to know about your students?	
What do you need to know in order to begin your lesson planning for a class?	
What four (4) key components do you believe you must include in your plan?	
When you think about your students, in what major ways do you most want to influence their lives?	
What two core teaching strategies do you most use to achieve this result?	



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BERMUDA PUBLIC SCHOOL SYSTEM PERSONAL DATA QUESTIONNAIRE

(To be completed by Non Bermudians)

Please answer the following questions

1) If you are successful in securing position, will you be coming to Bermuda alone? Yes No

If no, who will be accompanying you to Bermuda and what is the age and relationship of the individual(s) to you? *(If a child, state if this child has any special needs, if the child is your biological or adopted child, if a spouse, please state their occupation and what is their educational background.)*

Spouse Name _____

Occupation _____

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

Please note that the Bermuda Department of Immigration restricts the number of underage (18) dependants to 2.

As a non-Bermudian, your employment will be subject to work permit approval and you may require a Visa to enter Bermuda.

2) All newly appointed teachers must undergo a probationary period for an academic year. Is there anything that would prevent you from working consecutively during this period? Yes No

If yes, please explain: _____

3) Please indicate whether you able to commit to a three year contract with the Department of Education: Yes No

4) Please provide the name and address of the statutory authority that issued your certificate to teach:

Certificate number _____

Expiry Date _____

Has your certificate of registration and qualification with this statutory authority been cancelled? Yes No

If yes, when and why? _____

6) Is your acceptance of employment with the Department of Education contingent on any factors? Yes No

If yes, please disclose: _____

Please note that if you are short listed for a position, we will require an official copy of your academic transcripts be sent to:.

**Department of Education
Attn: Human Resource Section
P O Box HM 1185,
Hamilton HMEX, Bermuda.**