



**The Anglican Central Education Authority**  
**Diocese of The Bahamas and Turks and Caicos Islands**

Addington House, P.O. Box N656  
Sands Road, Nassau, N.P.

The Bahamas  
Tel: 242 322 3015  
Fax: 242 325 2647

## Teacher Application

**Instructions:** Please submit the following documents with your application.  
Only complete application forms will be considered.

1. Three passport photos
2. Two references, including contact details (1 Professional and 1 Character)

### Special Notes:

*Completion of this application form does not guarantee an appointment to a teaching position, nor does the Anglican Central Education Authority guarantee that you will teach entirely in the subject area for which you are applying. That is, you may be required to teach in a second subject area for which you are qualified.*

*Appointments of non-Bahamians are subject to the approval of Bahamas Immigration. The Anglican Central Education Authority must obtain a Work Permit for non-Bahamians before confirming a job offer. The Authority cannot obtain Work Permits for non-employees; however, the Authority can apply for Residency Permits for spouses and children.*

### Personal Information

**Last name:** \_\_\_\_\_ **Title** (please circle): Mr. Mrs. Ms. Miss Dr. Fr.

**Middle name:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Position Sought: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**Date of birth** (dd/mm/yyyy): \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Present Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Cell number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Denomination:** \_\_\_\_\_ **Church home:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

One Voice, One Bus, One Direction!

**Marital Status:** \_\_\_\_\_ **Nationality of Spouse:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Children** (Please provide the following information for each of your children):

Name	Sex	Age	Nationality

**Health History** (Please specifically provide information (including dates) for any illness which has prevented you from carrying out your duties):

n/a

**Tertiary Education**

From/To	Name and Location of Institution	Degree subject

**Teaching Experience**

From/To	Name and Location of Institution	Subjects/Grade Level
(Continue on a separate sheet, if necessary)	<b>Total Years Taught:</b>	

**Non-Teaching Work Experience**

From/To	Name and Location of Institution	Type of Work

**Present Employment** (please include name, telephone number, mailing address, and email address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Present Annual Salary:** \_\_\_\_\_

**List any extra-curricular activities you are able to direct and/or any sports you are able to Coach:**

\_\_\_\_\_  
\_\_\_\_\_

I declare that all information provided in this application is true and accurate. I understand that the submission of false and/or inaccurate data can lead to the retraction of any decision based on this application.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_