MINISTRY OF ECONOMY, TRADE AND INDUSTRY
Department of Labour & Training
94 Reid Street, Hamilton HM 12, Bermuda
P.O. Box HM 1364, Hamilton HM FX, Bermuda
Telephone: (441) 297-7716 Fax: (441) 296-2535

INTAKE FORM

SECTION A: PERSONAL DETAILS

Last Name: _____ First Name: _____

Middle Names: _____ Social Ins. # :_____

Address: _____

(House # and Street Name) (House Name / Apt. #) (Parish) (Postal Code)

Phone # :(H) _____ **(C)** _____ Alternate Contact #:_____

Preferred Contact Times: _____ (AM / PM)

E-mail Address: _____ Gender: Male / Female

(circle)

DATE OF BIRTH: _____ Age:_____

(dd / mm / yyyy)

SECTION B: NATIONALITY STATUS

Please tick (√) appropriate box

	Bermudian
	Non-Bermudian
	Spouse of Bermudian
	Long-Term Resident

	16 – 24 yrs of age		25 - 29 yrs of age		30 – 44 yrs of age
	45 – 55 yrs of age		56- 65 yrs of age		

SECTION C: REASON FOR VISIT

CAREER DEVELOPMENT SERVICES

Please tick (√) appropriate box to identify service(s) or information required

Type of services required											
	Employment		Resume		Career Gudiance		Training		Assessment		Sponorship

EMPLOYMENT STATUS

	Not working and seeking full-time job	Not working, seeking part-time job	
	Working full time, seeking changes	Working part-time, seeking changes	
	Working full time seeking part-time job	Working part-time, seeking full time job	
	Working full time, seeking training only	Working part-time, seeking training only	
	Not working seeking training	Other -	

SECTION D: JOB / OCCUPATIONAL SKILLS

Current or Last Place of Employment

Employer : _____ Job Title:	Start Date: (mm / yyyy)	End Date: mm / yyyy)

PLEASE **LIST YOUR JOB SKILLS - ie. Mason, Carpenter, Kitchen porter, Accountant etc.**

Primary	
Secondary	
Other	

PLEASE **LIST ADDITIONAL AREAS INTEREST - i.e. Hospitality, Banking, Sales, Education, etc.**

_____

SECTION E: EDUCATION

Education and/or Training

Education / Training : _____ Level:	Start Date: mm / yyyy)	End Date: mm / yyyy)
Education / Training : _____ Level:	Start Date: mm / yyyy)	End Date: mm / yyyy)
Education / Training : _____ Level:	Start Date: mm / yyyy)	End Date: mm / yyyy)

Example: Education: Purvis Primary **|** Level: Primary School
Example: Training: Community & Development Educational Programs **|** Level: Certificate / Diploma / On-the-Job

SECTION F: LABOUR RELATIONS

Please tick (√) appropriate box to identify service(s) or information required

Complaint / Issue									
	Redundancy		Termination		Benefits Dispute		Compensation Dispute		Hours Dispute

_____ Date: _____

Signature (dd / mm / yyyy)