



**THE CACIQUE AWARDS**  
**SUPERVISOR OF THE YEAR**  
**NOMINATION FORM**



**Nomination Deadline: To be received by BHA no later than September 24<sup>th</sup>, 2010**  
**NOMINATION FORMS ARE AVAILABLE AT [www.bhahotels.com](http://www.bhahotels.com)**

**Recognizing and Honouring the Sector's Finest Performers!"** The Cacique Awards has been established to recognize outstanding contributions to the hotel and tourism sector in The Bahamas. In choosing the winner, the selection committee will be guided by the information provided. Please provide us with very specific information. Nominees should be chosen for their consistent performance over a sustained period of time. **The decision of the judges will be final.**

*Only **Operator Members** of the Bahamas Hotel Association are eligible to submit nominations. **Allied members**, while not eligible to nominate, **are encouraged to recommend to a hotel General Manager or Human Resources Director, an outstanding employee, manager or chef** which the hotel should consider nominating. Completed nomination forms, together with testimonial letters, two 3 x 5 studio-quality photographs, showing the nominee in normal hotel (uniform) or professional attire, and a resume are to be submitted to:*

**The Bahamas Hotel Association**  
**Hotel Centre, Societe Generale Building (formerly SG Hambros Building), Rear Entrance**  
**West Bay Street, Nassau, N.P., The Bahamas**

**PLEASE TYPE OR PRINT LEGIBLY**

|                                |  |
|--------------------------------|--|
| <b>NOMINEE'S NAME:</b>         |  |
| <b>HOTEL:</b>                  |  |
| <b>JOB TITLE OF NOMINEE:</b>   |  |
| <b>DEPARTMENT:</b>             |  |
| <b>NOMINEES DATE OF BIRTH:</b> |  |
| <b>NOMINEE'S NATIONALITY:</b>  |  |

- GUEST RESPONSE:** Please give details of your nominee's positive interaction and/or examples of professional performance with guests. If possible, attach legible copies of written guest comments.

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2. **MANAGER/IMMEDIATE SUPERVISOR RESPONSE:** Please have the Manager or Immediate Supervisor directly responsible for your nominee submit a concise opinion as to why your candidate should be considered

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3. **PROFESSIONAL SERVICE RECORD:** Please give details of your nominee's record of service in the hospitality industry in general, and at his/her place of employment.

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4. **COMMUNITY SERVICE RECORD:** Please give any known details of your nominee's activities within his/her local community. This may include any work done for educational, fraternal, community or religious groups.

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5. **EMPLOYMENT HISTORY:** Please give details of your nominee's employment history including the following information:

1. **Date of employment:** \_\_\_\_\_

2. **Length of service in present position:** \_\_\_\_\_

3. **Main responsibility of present position**

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*In addition to the above, please provide the following information:*

| <b>PAST EMPLOYMENT HISTORY</b> |                |             |
|--------------------------------|----------------|-------------|
| <b>Position</b>                | <b>Company</b> | <b>Date</b> |
|                                |                |             |
|                                |                |             |
|                                |                |             |
|                                |                |             |

Please provide the qualifications obtained by your nominee, the institution granting the qualification and the date obtained

| <b>PRINCIPAL ACADEMIC QUALIFICATIONS</b> |                    |             |
|--|--------------------|-------------|
| <b>Qualification</b>                     | <b>Institution</b> | <b>Date</b> |
|  |                    |             |
|  |                    |             |
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**5. Hobbies and Leisure Activities:** Please give any known details of your nominee's interest and activities as they are expressed in arts, crafts and leisure activities.

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*Note: Additional comments or testimonials may be attached to this nomination.*

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|-------------------------------------|--------------|
| <b>Nomination submitted by:</b>     |              |
| NAME: _____                         | TITLE: _____ |
| HOTEL/ORGANIZATION: _____           |              |
| TELEPHONE: _____                    |              |
| _____                               | _____        |
| <b>Signature of Chief Executive</b> | <b>Date</b>  |
| _____                               | _____        |
| <b>Signature of Nominator</b>       | <b>Date</b>  |

**Signature of Nominator**

**Date**

