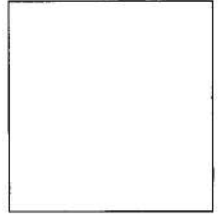




**WESTSHORE MEDICAL**  
APPLICATION FOR EMPLOYMENT

Insert 2 Photos Below



SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS: PLEASE TICK

SINGLE                       MARRIED                       OTHER: \_\_\_\_\_  
(PLEASE SPECIFY)

NUMBER OF CHILDREN: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

**PRIMARY QUALIFICATIONS**

DATE	INSTITUTION	QUALIFICATION	GRADE

**SECONDARY QUALIFICATIONS**

DATE	INSTITUTION	QUALIFICATION	GRADE

**TERTIARY/OTHER QUALIFICATIONS**

DATE	INSTITUTION	QUALIFICATION	GRADE

**PLEASE SHOW CURRENT OR LAST EMPLOYER FIRST**

COMPANY NAME:	ADDRESS:	TELEPHONE NO:
POSITION HELD:	SUPERVISOR:	SALARY/WAGE EARNED:
DATES EMPLOYED:	REASON FOR LEAVING:	

COMPANY NAME:	ADDRESS:	TELEPHONE NO:
POSITION HELD:	SUPERVISOR:	SALARY/WAGE EARNED:
DATES EMPLOYED:	REASON FOR LEAVING:	

COMPANY NAME:	ADDRESS:	TELEPHONE NO:
POSITION HELD:	SUPERVISOR:	SALARY/WAGE EARNED:
DATES EMPLOYED:	REASON FOR LEAVING:	

SALARY EXPECTED: \_\_\_\_\_

DATE AVAILABLE TO START WORK: \_\_\_\_\_

INTEREST / HOBBIES: \_\_\_\_\_

**ARE YOU WILLING TO WORK:**

SHIFTS                       WEEKENDS                       HOLIDAYS

**TIME OF DAYK:**

DAYS                       EVENINGS                       NIGHT

**HAVE YOU EVER SUFFERED FROM:**

ASTHMA                       ALLERGIES                       EPILEPTIC FITS  
 HEART CONDITION                       DIABETES                       HIGH/LOW BLOOD PRESSURE

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?**

YES                       NO

**ARE YOU RELATED TO ANYONE AT THIS FACILITY?**

YES                       NO

**PLEASE LIST 3 REFERENCES NOT INCLUDING RELATIVES. AT LEAST ONE REFEREE MUST BE YOUR FORMER EMPLOYER:**

NAME:	PHONE NO:	OCCUPATION:
NAME:	PHONE NO:	OCCUPATION:
NAME:	PHONE NO:	OCCUPATION:

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**                      YES                       NO

**PLEASE READ CAREFULLY**

I AGREE THAT ANY MISREPRESENTATION ON THIS APPLICATION FORM OR EMPLOYER DOCUMENTS COMPLETED AFTER HIRING MAY BE CAUSE FOR REFUSAL TO EMPLOY ME OR REASON FOR DISMISSAL. I UNDERSTAND THAT ANY OFFER OR EMPLOYMENT IS SUBJECT TO REFERENCE AND THAT ANY INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICIAL USE ONLY**

CERTIFICATE ORIGINAL                      SEEN                       RETURNED   
CERTIFICATE COPIES                      SEEN                       KEPT   
REFERENCES                      SEEN                       RETURNED                       COPIES KEPT

REGISTERED WITH THE NURSING COUNCIL OF TRINIDAD AND TOBAGO    YES     NO     N/A

INTERVIEW \_\_\_\_\_                      DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

DATE COMMENCED \_\_\_\_\_                      POST \_\_\_\_\_

APPRENTICE / CASUAL                      YES                       NO                       DATE \_\_\_\_\_

ASSESSMENT \_\_\_\_\_                      RESULT \_\_\_\_\_

PROBATION DATE \_\_\_\_\_

ASSESSMENT \_\_\_\_\_                      RESULT \_\_\_\_\_

CONTRACT DATE \_\_\_\_\_