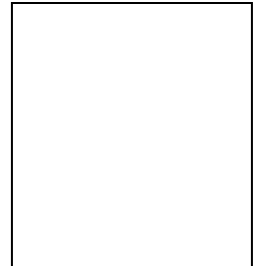




Current Photo



WEST SHORE MEDICAL LIMITED

APPLICATION FOR EMPLOYMENT

SURNAME _____ FIRST NAME _____

MIDDLE NAME _____ MAIDEN NAME _____

ADDRESS _____

TELEPHONE _____ NATIONALITY _____

EMAIL _____ DATE OF BIRTH _____

MARITAL STATUS: PLEASE TICK

SINGLE

MARRIED

OTHER _____

(PLEASE SPECIFY)

POSITION APPLIED FOR _____ APPLICATION DATE _____

PRIMARY QUALIFICATIONS

DATE	INSTITUTION	QUALIFICATION

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 DAY:

DAYS EVENINGS NIGHTS

HAVE YOU EVER SUFFERED FROM ANY ILLNESS THAT MAY HAMPER YOUR PERFORMANCE, INCLUDING BUT NOT LIMITED TO:

ASTHMA ALLERGIES EPILEPTIC FITS
 HEART CONDITION DIABETES HIGH/LOW BLOOD PRESSURE
 LUMBAR PAIN PAIN WHEN STANDING OTHER _____

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 A 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 OF EMPLOYMENT IS SUBJECT TO REFERENCE AND THAT ANY INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL.

APPLICANT'S SIGNATURE _____ DATE _____

(N.B.: APPLICATION AND DOCUMENT COPIES ARE NON-RETURNABLE)

OFFICIAL USE ONLY

CERTIFICATE ORIGINAL SEEN RETURNED

CERTIFICATE COPIES SEEN KEPT

NURSING COUNCIL REGISTRATION (COPY) YES NO N/A

NURSING COUNCIL RENEWAL RECEIPT (COPY) YES NO N/A

PASSPORT DATA PAGE (COPY) YES NO N/A

PROOF OF VISA YES NO N/A

C.S.M.E. CERTIFICATE YES NO N/A

INTERVIEW _____ DATE _____

REMARKS _____