

APPLICATION FOR EMPLOYMENT WITH THE QUEEN ELIZABETH HOSPITAL BOARD

*Form to be filled in by the Applicant in his/her own handwriting and returned to the Director Human Resources
The Queen Elizabeth Hospital, Martindales Road, St Michael, BB11155, Barbados, West Indies*

1. APPLICATION FOR THE POST OF:

2. SURNAME

CHRISTIAN NAME(S)

3. PERMANENT ADDRESS

4. DATE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

5. EMAIL ADDRESS

SEX M F

6. TELEPHONE (HOME)

(CELL)

(ALTERNATE)

7. DO YOU REQUIRE A WORK PERMIT?

YES NO

8. NAME AND ADDRESS OF NEXT OF KIN:

TELEPHONE NUMBER

(HOME)

(CELL)

9 EDUCATION

(Please give details of your secondary and higher education starting with the most recent results (CXC, GSCE, O'Level, Others)

| <i>From</i> | <i>To</i> | <i>School/College/University</i> | <i>Stage Of Level Of Examination Taken</i> | <i>Grade Obtained</i> |
|-------------|-----------|----------------------------------|--|-----------------------|
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10 PROFESSIONAL QUALIFICATIONS AND TRAINING COURSES ATTENDED

| <i>From</i> | <i>To</i> | <i>Professional Body/Training School Establishment Attended</i> | <i>Qualification or Course attended</i> |
|-------------|-----------|---|---|
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12 HISTORY OF EMPLOYMENT (Most recent first)

| <i>From</i> | <i>To</i> | <i>Employer and Position Held</i> | <i>Reason for Leaving</i> |
|-------------|-----------|-----------------------------------|---------------------------|
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Period of Notice Required: _____

13. PERSONAL REFERENCE

Please give below the names and addresses of two (2) referees who have consented to be approached on your behalf, one of whom should be your present or recent employer. If you do not wish the hospital to contact either or both of your referees prior to interview, a cross should be marked in the box (es) below.

Name:

Address:

Telephone Number:

Period during which he/she has known you

Name:

Address:

Telephone Number:

Period during which he/she has known you

14. TESTIMONIALS

Testimonials from your referees should not be sent. These should be from responsible persons who know you well either in private life or in business. Original Testimonials must NOT be submitted, ONLY COPIES.

Name:

Address:

Occupation:

Name:

Address:

Occupation:

15. DECLARATION

I declare that the above information is true and correct and understand that any willful misrepresentation or omission may result in dismissal if employed.

SIGNED

DATE

APPLICATION CHECKLIST

DOCUMENTS REQUIRED WITH APPLICATION

- CURRICULUM VITAE (CV) / RESUME** (*Updated*)
- POLICE CERTIFICATE OF CHARACTER** (*expires six (6) months from date of issuance*)
- TWO (2) RECENT TESTIMONIALS** (*a written declaration certifying to a person's character, conduct, or qualifications, or to their value and or excellence; a letter or written statement of recommendation.*)
- COPIES OF QUALIFICATIONS ***
- PROOF OF REGISTRATION WITH REQUISITE COUNCILS ***

*** If applicable**