|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERHA bitmap South East Regional Health Authority  APPLICATION FOR EMPLOYMENT  Date of Application  **Instructions**: Answer all questions fully and completely. Applications must be completed in **duplicate**.  Any false statement on this form will result in rejection of your application;  Any false statement discovered subsequent to employment/appointment will be cause for dismissal. | | | | | | | | | | | |
| **1. Name In Full**  (Last) (First) (Middle) | | | | | | | | | | | |
| **2a. Present Address**  **2b. Telephone**  **2c. NIS No: TRN:**  **2.d Email address:** | | | | | **3. Date of Birth (Month, Day, Year)** | | | | | | |
| **4. Place of Birth (City, Country)** | | | | | | |
| 5. Sex Male  Female | 6. Marital Status Single Divorced  Married Separated  Widowed | | | | **7. Dependents**  Number: Age(s): | | | | | | |
| **8a. Contact person (in case of emergency)**  **Relation:** | **8b. Address and Tel. No.** | | | | | | | | | | |
| **9. EDUCATION** | | | | | | | | | | | |
| **Names & locations of Educational Institutions Attended:** | | | | **Dates:** From To | | | | Certification Acquired | | | |
|  | | | |  | | | |  | | | |
| **10. List three responsible persons not related to you who are qualified to supply definite information regarding your character and**  **ability:** | | | | | | | | | | | |
| **NAME** | | | **ADDRESS IN FULL** | | | | | | **OCCUPATION** | | |
|  | | |  | | | | | |  | | |
| 11. **Employment:** Describe positions you have held since you first began working. Start with present position and work back to  the first position which you held. Account for all periods of unemployment. Use continuation sheet if necessary. | | | | | | | | | | | |
| If currently employed, may we approach your present employer? Yes No | | | | | | | | | | | |
| **(a)** **Dates of Employment (Month, Year)** | | Position held | | | | **Salary or Earnings per annum** **Starting:**  **Final:** | | | | | |
| **Name, Address & Tel. # of Employer:** | | **Summary of Duties:** | | | | | | | | | |
| **Reason for leaving:** | |
| **(b) Dates of Employment (Month, Year):** | | **Position held:** | | | | | **Salary or Earnings:** Starting **Final** | | | | |
| **Name, Address & Tel. # of Employer:** | | Summary of Duties: | | | | | | | | | |
| **Reason for leaving:** | |
| **(c) Dates of Employment (Month, Year):** | | **Position held:** | | | | | **Salary or Earnings:**  **Starting:**  **Final:** | | | | |
| **Name, Address & Tel. # of Employer:** | | **Summary of Duties:** | | | | | | | | | |
| **Reason for leaving:** | |
| **12. Special Qualification & Skills: List any special skills you possess and machines / equipment you can use.** | | | | | | | | | | | |
| Answer question 14 by placing an “X” in the appropriate column | | | | | | | | | | **YES** | **NO** |
| **13. Have you ever been dismissed or asked to resign from a position for misconduct or non-performance?** | | | | | | | | | |  |  |
| **13a. Do you have any physical limitations?** | | | | | | | | | |  |  |
| **b. Are you under a physician’s care, if yes, state reason?** | | | | | | | | | |  |  |
| **c. Have you ever suffered from a nervous disorder?** | | | | | | | | | |  |  |
| **d. Have you ever had tuberculosis?** | | | | | | | | | |  |  |
| **e. Do you use intoxicating beverages to excess?** | | | | | | | | | |  |  |
| **f. Do you have a drug / narcotic problem?** | | | | | | | | | |  |  |
| **14. Membership: Societies, Associations, Clubs and other organizations of which you are a member:** | | | | | | | | | | | |
| **15. Extra Curricular Activities:** | | | | | | | | | | | |
| **16. Proficiency in other language/s:** | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | |
| I declare that the information contained herein is true and correct to the best of my knowledge and belief. I am aware that any misrepresentation of facts may result in ineligibility for employment with the Authority.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME SIGNATURE DATE**  **--------------------------------------------------------------------------------------------------------------------------------------------------------------**  **FOR OFFICE USE:**  **Date of assumption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |

**Picture Holder**

*The picture below is an image of the individual stated in item 1 on page 1.*

*Two (2) pictures are to be submitted, each must be certified by a Justice of the Peace. Once submitted, the pictures become the property of the South East Regional Health Authority.*

|  |
| --- |
| Mount one picture of the new employee here. |