



Bermuda Hospitals Board

CARING FOR OUR COMMUNITY

APPLICATION FOR EMPLOYMENT

All columns to be completed in applicant's own handwriting regardless of whether applications have been submitted for this or other hospital positions in the past.

Typewritten documents will not be accepted for consideration.

1. POSITION DETAILS:

Position Title: _____ Department: _____

Salary Scale: _____

Have you ever been employed by the Bermuda Hospitals Board? If yes, provide details below.

Last Position: _____

Department: _____

Date Started (MM/YY)	Date Left: (MM/YY)	Reason for Leaving:

Application Type:

- Permanent Part-time External candidate i.e. new employment
 Temporary Full-time Internal candidate i.e. Transfer/ promotion
 Summer Job On-Call Other e.g. Practicum _____

2. PERSONAL DETAILS:

Surname

First Name

Second Name

Telephone No. (Home) _____ Office: _____

Fax Nos. _____

Other Contact Nos. _____ Email Address: _____

Address: _____

Date of Birth			Age	Bda. Social Insurance No.
Day	Month	Year		
Are you Bermudian? Yes <input type="checkbox"/> No <input type="checkbox"/>			If you answered 'No' to either question, please state your nationality.	
Do you possess a Permanent Resident Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does any member of your family have Bermudian status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			If 'Yes', state relationship e.g. wife, husband...	

3. EDUCATION (TO BE COMPLETED BY ALL APPLICANTS IN FULL):

Schools, Colleges, Universities attended	Full or Part-time	Entered	Left

Academic, Professional, Technical qualifications obtained (in full)	Date Obtained

Special courses undertaken relative to the post applied for e.g. Clinical Specialities (incl. dates courses were completed):

4. LICENSING:

Do you hold a professional license to practice your profession in Bermuda? If yes, specify professional registration type & number.

Type Number

Do you currently hold a professional license in any other country? Yes No

If Yes, what country, _____

Have you ever had your professional license revoked for any reason? Yes No

Are you a member of any professional/technical organisation? If yes, please list names. NOTE: Do not list organisations of religious, racial, national or political origin.

5. EMPLOYMENT:

CURRENT	Name of Firm		Position Held
	Address		Phone No. & Email address
	Date Started (MM/YY)	Date Left (MM/YY)	Reason for Leaving

PREVIOUS	Name of Firm		Position Held
	Address		Phone No. & Email address
	Date Started (MM/YY)	Date Left (MM/YY)	Reason for Leaving

PREVIOUS	Name of Firm		Position Held
	Address		Phone No. & Email address
	Date Started (MM/YY)	Date Left (MM/YY)	Reason for Leaving

6. CHARACTER REFERENCES: Provide THREE referees, NOT relatives, who can attest to your character.

Name:	Name:	Name:
Contact No. & Email address:	Contact No. & Email address:	Contact No. & Email address:
Address:	Address:	Address:
Occupation:	Occupation:	Occupation:

7. HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW? IF SO, GIVE DETAILS.

8: ADDITIONAL INFORMATION: Please ensure that the number of required (written) work references accompany your application. You may also include a C.V., certificates and other supporting documentation.

For the purpose of Consideration of this Application for a Position with the Bermuda Hospitals Board

- i. I understand that the completion of this Application Form does not constitute an offer of employment.
- ii. I certify that all statements and facts on this Application Form are true and any deliberate misrepresentation on my part will cause this Application to be rejected, or if made apparent subsequent to my appointment, will result in my immediate discharge.
- iii. I hereby authorise and give my consent to the Bermuda Hospitals Board to obtain reference information from my present and past employers and any other persons I have listed for the purpose of assessment of my suitability to the post or posts applied for.
- iv. I hereby agree to conform with the Rules and Regulations of the Board while in its employ.
- v. I will not disclose either during or at any time subsequent to my employment or authorise the disclosure of any secret or confidential information or knowledge concerning any matter or thing of which I may become aware of relating to the business of the Hospitals.

Signature Date

PRE-EMPLOYMENT HEALTH & SUBSTANCE ABUSE SCREENING IS MANDATORY FOR ALL SUCCESSFUL CANDIDATES.