



Bermuda Hospitals Board

APPLICATION - SUMMER EMPLOYMENT

All sections to be completed in applicants 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. PERSONAL DETAILS:

Surname

First Name

Second Name

Email Address: _____ Mobile #: _____

Bermuda Home Address: _____

Bermuda Contact Name & Daytime Contact #: _____

Overseas Address: _____

Date of Birth: (DD/MM/YR) _____ Age: _____ Male: ___ Female: ___

Bermuda Social Insurance No. (Call 441-295-5151 ext 1117 to acquire, if not known) _____

Are you Bermudian? Yes No / Do you possess a Permanent Resident Certificate? Yes No

If your answer is 'No' to both questions, please state your nationality. _____

Does any member of your family have Bermudian status? Yes No

If 'Yes', state relationship e.g. wife, husband... _____

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

School Currently Attending: CIRCLE ONE

Home School --- High School --- Vocational School --- College --- University --- Other: _____

TICK ONE: Full Time () Part-time ()

Name of School: _____

School Address: _____

School Admissions Office Telephone #: () _____

School Entry Date: ___D ___M ___Y Expected Graduation Date: ___D ___M ___Y

Submit Application to:
Workforce Planning & Development, Human Resources
The Bermuda Hospitals Board, P O Box HM 1023, Hamilton HM DX, Bermuda
Telephone: 441.239.2134 Email: wp&d@bhb.bm

3. BHB EMPLOYMENT INFORMATION REQUIRED:

Area of Study: _____ Career Interest: _____

Expected Date of return to Bermuda for Employment: _____

Have you ever been employed by Bermuda Hospitals Board? Yes No If yes, provide details below.

Last Position Held: _____ Department: _____

Date started: (MM/YR) _____ Date left: (MM/YR) _____ Supervisor's Name: _____

Reason For Leaving: _____

Are you a Bermuda Hospitals Board Scholarship Recipient? If yes,

Year Awarded: _____ Year Expires: _____

Have you served as a volunteer for Bermuda Hospitals Board? If yes, how long? # years: _____

Health Insurance Provider Name: _____ Certificate # - Group/Account #: _____

Note: Successful applicants must undergo and pass a health screening by BHB Employee Health Service before being processed for employment. This may take up to two (2) weeks before results are received. If you are contacted, please obtain and bring your childhood immunization record (up to High School) and a record of your last tuberculin skin test. Failure to do so will delay your start date.

Additionally, an official letter from your current place of education is required to verify your current active and future status at the named institution.

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