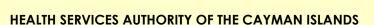
CONFIDENTIAL

# **Employment Application**





Post Applied	for:		
Deadline:			
		ES BEFORE COMPLETING THIS APPLICATION FORM.	
	APPLICATION FORMS OR APPLIC. ACH A C.V. IN SUPPORT OF YOU	ATIONS RECEIVED AFTER THE CLOSING DATE WILL NOT BE CONSIDERED.  R APPLICATION IF DESIRED.	
	ersonal Details		
	GIJOHAI DCIAIIJ		
Last Name :		First Name:	
		Middle Name(s):	
Any other nam	nes used in educational or w		
•			
Mailing Address:			
Street Address:			
Email address:			
Telephone Contact Nu	mbers Home:	Cell:	
Work:		May we contact you at work? Yes No	
Your date of birth:	dd mm yyyy	Nationality:	
If you are not Cayman	ian, what is your Immigration	status in the Cayman Islands?	
Permanent Resident	Work Permit Holder	Term Limit dd mm yyyy Other	
Married to a Caymania	an? Yes No		

### **EMPLOYMENT APPLICATION**

If you are successful in your application, evidence of your Immigration Status will be required prior to appointment.

Have you been prev	Have you been previously employed within the Health Services Authority?  Yes No					No		
If yes, please indicate post(s) held and dates of service								
Saction 2: P	rocont	Employmor	<b>.</b>					
Section 2: P		<b>Employmer</b> Stails of last emp						
(	y a. g., r o 'a.o		,					
Name of Employer:				Departm	nent/Sectio	n:		
. ,				•				
Address:								
Addiess.								
L								
Post Title:								
Date of Appointmen			Sala	ry:				
Brief description of du	uties:							
Period of Notice Rec	quired:		Last do	y of service (if	no longer e	employed):		
Reason for leaving	<u> </u>			` ` `				
Reason for leaving								
Caallan 2	D							
<b>Section 3:</b> (Most recent em		s Employm		oars Continuo	on a conar	ata shoot if n	20220	
(MOSITECETTETT)	oloyer filst	. Hease cover i	rie iasi to ye	ears. Commoe (	on a separ	are sneer ii ne	ecessary	•)
1. Name of Empl	over.							
i. Name of Empi	Oyen.							
A status as								
Address:								
Position Held:			Period of I	mployment:	mm	yyyy to	mm	уууу
Summary of Duties:								

2

HEALTH SERVICES A	AUTHORITY OF THE C	CAYMAN ISL	ANDS		EMPLOYME	NT APPLICA	ATION
eason for leaving							
2. Name of Emp	loyer:						
Address:							
luuless.							
osition Held:			Period of Employment:	mm	yyyy to	mm	уууу
ummary of Duties	i <b>:</b>						
eason for leaving							
8. Name of Emp	loyer:						
A dalva so.							
Address:							
osition Held:			Period of Employment:	mm	yyyy to	mm	уууу
summary of Duties	:						
eason for leaving							

## Section 4: Education

(Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first.)

College or University	Course	Qualifications, grades & dates attended
School	Subjects	Qualifications, grades & dates attended
C L!	1 *6	

Continue on a separate sheet if necessary

### Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/	Course Details & Dates achieved
Management Qualifications	
Current Membership in any Professi	onal/Technical Associations – Please state level of Membership:
Continue on a senarate sheet if nece	

# Section 5: Training and Development

(Any training & development courses or non-qualification courses which support your application.)

	Length of Course	Area(s) of Focus	
Continue on a separate sheet if necessary			
	-		
Section 6: Personal Stateme		at aut in the inhalanceinting l	
(Explain why you are applying and how y	700 meer me requirements so	er our in the job description.)	

Continue on a separate sheet if necessary

5

	<b>ependants</b> (Limited to a sp nts should list only those who w				
Number of Depende	ents:				
Name of Children:				_	
Section 8: (	Convictions				
Have you ever beer	n convicted of a criminal offer	nce?			
Mark the envelope	it full details of the conviction "Confidential - for the attentio terview. A conviction will not i	n of t	he HR Manager". The en	velope will only be opened i	
Section 9: R	eferences				
If you have not be	mes and details of two indi en employed, provide an ac supply business references.				
	Reference 1			Reference 2	
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
Telephone no.:			Telephone no.:		
E-Mail:			E-Mail:		
This referee may be	contacted:		This referee may be	contacted:	
-at any stage during	the recruitment process		-at any stage during	the recruitment process	
-only if shortlisted			-only if shortlisted		
-only if I am the pref	erred candidate		-only if I am the prefe	erred candidate	

Please tick the relevant boxes above. A job offer will not be made without 2 satisfactory references.

Please initial

### **Section 10: Declaration**

Please complete and sign the following declaration. If you are returning this form by email, you will be asked to sign your application form if called for an interview.

#### I hereby certify that:

- the information I have provided on this form is correct to the best of my knowledge, and may be verified by the Health Services Authority prior to my appointment
- all questions have been accurately and fully answered
- I possess all the qualifications which I claim to hold

### I understand and agree that, if offered employment I will be required to:

- undergo a pre-employment medical to ascertain my health status.
   Adverse results of such examinations may result in the withdrawal of the offer of employment
- provide proof of my qualifications
- provide a police clearance certificate from my country of residence

By signing this application, you authorize representatives of the Health Services Authority to collect and/or verify any information that is relevant in support of your application.

Signed:	Date:	

NOTE: FAILURE TO DISCLOSE RELEVANT DETAILS OR GIVING MISLEADING INFORMATION WILL CAUSE YOUR APPLICATION TO BE REJECTED OR IF YOU ARE APPOINTED IT COULD LEAD TO TERMINATION OF CONTRACT.

Candidates will receive written notification that their applications have been received. Candidates will normally be notified within 3 weeks if they have been selected for interview.

### When completed, please return this form to:

Human Resources
C. I. Health Services Authority
P.O. Box 915 GT
Grand Cayman
Cayman Islands

E-mail <u>hsa.jobs@hsa.ky</u>