

CONFIDENTIAL

Employment Application

HEALTH SERVICES AUTHORITY OF THE CAYMAN ISLANDS



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.

Post Applied for:

Deadline:

IT IS IMPORTANT TO READ THE GUIDANCE NOTES BEFORE COMPLETING THIS APPLICATION FORM.

INCOMPLETE APPLICATION FORMS OR APPLICATIONS RECEIVED AFTER THE CLOSING DATE WILL NOT BE CONSIDERED.
YOU MAY ATTACH A C.V. IN SUPPORT OF YOUR APPLICATION IF DESIRED.

Section 1: Personal Details

Last Name :

First Name:

Middle Name(s):

Any other names used in educational or work background:

Mailing Address:

Street Address:

Email address:

Telephone Contact Numbers

Home:

Cell:

Work:

May we contact you at work?

Yes

No

Your date of birth:

Nationality:

If you are not Caymanian, what is your Immigration status in the Cayman Islands?

Permanent Resident

Work Permit Holder

Work Permit Expires

dd

mm

yyyy

Other

Term Limit Expiry Date

dd

mm

yyyy

Married to a Caymanian?

Yes

No

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

Have you been previously employed within the Health Services Authority?

Yes

No

If yes, please indicate post(s) held and dates of service

Section 2: Present Employment

(If now unemployed give details of last employer)

Name of Employer:

Department/Section:

Address:

Post Title:

Date of Appointment:

Salary:

Brief description of duties:

Period of Notice Required:

Last day of service (if no longer employed):

Reason for leaving

Section 3: Previous Employment

(Most recent employer first. Please cover the last 10 years. Continue on a separate sheet if necessary.)

1. Name of Employer:

Address:

Position Held:

Period of Employment:

mm

yyyy to

mm

yyyy

Summary of Duties:

Reason for leaving

2. Name of Employer:

Address:

Position Held:

	Period of Employment:	mm	yyyy	to	mm	yyyy
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Summary of Duties:

Reason for leaving

3. Name of Employer:

Address:

Position Held:

	Period of Employment:	mm	yyyy	to	mm	yyyy
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Summary of Duties:

Reason 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

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details & Dates achieved

Current Membership in any Professional/Technical Associations – Please state level of Membership:

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Continue on a separate sheet if necessary

Section 5: Training and Development

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

Title of Training Programme or Course	Length of Course	Area(s) of Focus

Continue on a separate sheet if necessary

Section 6: Personal Statement

(Explain why you are applying and how you meet the requirements set out in the job description.)

Continue on a separate sheet if necessary

Section 7: Dependants (Limited to a spouse and / or dependent children under the age of 18. Overseas applicants should list only those who would accompany them for the duration of the contract)

Number of Dependents:

Name of Spouse:

Name of Children:

Section 8: Convictions

Have you ever been convicted of a criminal offence?

If yes, please submit full details of the conviction within a sealed envelope together with this application form. Mark the envelope "Confidential - for the attention of the HR Manager". The envelope will only be opened if you are short listed for interview. A conviction will not necessarily disqualify an applicant.

Section 9: References

Please give the names and details of two individuals who may be contacted for work-related references. If you have not been employed, provide an academic and character reference. If self-employed, give your business name and supply business references.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Telephone no.:

E-Mail:

This referee may be contacted:

-at any stage during the recruitment process

-only if shortlisted

-only if I am the preferred candidate

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Telephone no.:

E-Mail:

This referee may be contacted:

-at any stage during the recruitment process

-only if shortlisted

-only if I am the preferred candidate

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

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

Please initial

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 hsa.jobs@hsa.ky

Telephone: 1(345)244-2684