

# Application for



# EMPLOYMENT

## DHHS

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_

Gender \_\_\_\_\_ Are you legally entitled to work in The Bahamas? \_\_\_\_\_

NIB # \_\_\_\_\_ Email \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Do you have any responsibilities or commitments that may prevent you from meeting work and attendance requirements? \_\_\_\_\_

What prompted you to apply for a position with us? \_\_\_\_\_

Position Desired \_\_\_\_\_ Full Time or Part Time? \_\_\_\_\_ Date you can start \_\_\_\_\_

Salary Desired \$ \_\_\_\_\_ Are you willing to work overtime? \_\_\_\_\_

Are you willing to work shifts? \_\_\_\_\_

What foreign language(s) do you speak/read/write? \_\_\_\_\_

### Education

High School \_\_\_\_\_ Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

College/University \_\_\_\_\_ Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Other \_\_\_\_\_ Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Professional Certificates or Licenses held: \_\_\_\_\_ Registration # \_\_\_\_\_

### Miscellaneous

1. Do you have present Community and Professional Affiliations? Office held? \_\_\_\_\_

2. Have you ever been arrested for or convicted (locally or abroad) of an indictable offense within the last seven years which could have some bearing on your employment? Explain \_\_\_\_\_

3. Have you ever worked at Doctors Hospital before? If yes, what dates? \_\_\_\_\_
4. Have you or do you use illegal substances (marijuana, cocaine etc)? \_\_\_\_\_
5. a. Do you have any relatives or friends working for Doctors Hospital or Bahamas Medical Center? \_\_\_\_\_
5. b. If so, please list these individuals \_\_\_\_\_
6. How were you referred to our facility and by whom? \_\_\_\_\_
7. Do you have an outstanding bill/account with Doctors Hospital? \_\_\_\_\_
8. Have you had any name changes or assumed names or nick names? \_\_\_\_\_
9. In case of Emergency, please notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
10. Describe any physical limitation which may limit your ability to perform in the position for which you are applying \_\_\_\_\_  
 \_\_\_\_\_

### Former Employer

Present/Last Employer \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Date Employed \_\_\_\_\_ Date left \_\_\_\_\_  
 Title and Duties \_\_\_\_\_  
 Supervisor's name and title \_\_\_\_\_  
 Salary starting at \$ \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 If still employed, may we check reference? \_\_\_\_\_

### References

(Two professional & one personal)

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that the information contained on this application form is true and accurate. I authorize Doctors Hospital Health System to contact any of my schools or former employers, except those I have indicated, for their complete account of their experiences with me. I understand that if I am employed, any misrepresentation of facts in this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a pre-employment physical. I also agree to abide by all policies of Doctors Hospital Health System.

This agreement does not, of course, bind either party to any specific period of employment.

Date: \_\_\_\_\_ Signature Applicant: \_\_\_\_\_