



# APPLICATION FOR EMPLOYMENT

## Personal Information



DHHS

DHHS

# DOCTORS HOSPITAL

Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Box No. \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ No. of Children \_\_\_\_\_  
 Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Are you Legally Entitled To Work In The Bahamas? \_\_\_\_\_  
 NIB# \_\_\_\_\_

What Prompted You To Apply For A Position With Us? \_\_\_\_\_  
 Do You Have Any Responsibilities Or Commitments That May Prevent You From Meeting Work And Attendance Requirement?  
 Explain: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_  
 Salary Desired \$ \_\_\_\_\_ Are You Willing To Work Overtime? \_\_\_\_\_  
 Are You Willing To Work Any Shift? \_\_\_\_\_ Preferred Shift: \_\_\_\_\_  
 What Foreign Language Do You Speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

### Education

Name & Location	Month & Year Attended From	To	Date Graduated	Subject Studied
High School _____				
College/University _____				
Trade, Business or _____				
Correspondence _____				

Professional Certificates or Licenses Held \_\_\_\_\_ Registration # \_\_\_\_\_

### Miscellaneous

Present Community And Professional Affiliations? Office Held? \_\_\_\_\_  
 Hobbies And Leisure Interests: \_\_\_\_\_  
 Have You Been Convicted Of Any Offence Within The Last Seven Years Which Could Have Some Bearing On You Employment? \_\_\_\_\_  
 In Emergency Notify: \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Former Employer (List below last five employers, last one first)**

Present or Last Employer \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Date Employed \_\_\_\_\_ Date Left \_\_\_\_\_  
Title and Duties \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Starting Salary \$ \_\_\_\_\_ Final Salary\$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
If Still Employed, may we check references? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Date Employed \_\_\_\_\_ Date Left \_\_\_\_\_  
Title and Duties \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Starting Salary\$ \_\_\_\_\_ Final Salary\$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Date	Company	Address	Your Title
From - To			
3			
4			
5			

References List Three References Not Related To You

Name	Occupation or Title	Address	Years Known

Describe any physical limitation which may limit your ability to perform in the position for which you are applying

\_\_\_\_\_

\_\_\_\_\_

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 a complete account of their experiences with me. I understand that if I am employed, any misrepresentation of facts on this application form is sufficient cause for dismissal. I also understand that I may be required to successfully complete a medical examination before employment. 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 of Applicant \_\_\_\_\_