



Caring People, Quality Service

Cayman Islands Health Services Authority

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Please affix most recent full-faced passport sized photograph here

Post(s) Applied For: _____

Where Advertised: _____

Please type or write clearly in BLACK INK

Personal

Surname/Last Name: _____ Middle Name: _____

First Name(s): _____

Surname before Marriage: _____

Postal Address: _____

Permanent Address: _____

Place of Birth: _____

Nationality: _____

Home Telephone Number: _____

Work Telephone Number: _____

Cell Phone: _____

Email: _____

Dependants

Marital Status: Single
 Married
 Divorced
 Separated
 Widowed

Number of Dependents: _____ **Date of Birth:** / / / /

Name of Children: _____

Name of Spouse: _____

Spouse's employment: _____

How many are with you? _____

How many will be joining you later? _____

What is your Immigration Status in the Cayman Islands?

 (e.g. Caymanian, Work Permit Holder/Dependant of Government Employee/Student/Resident/ Refugee)

Do you have Caymanian Status? Yes No

If YES, please give the date of issue and attach a copy of the documents. _____

If NO, are you married to a Caymanian? Yes No

Or related to a Caymanian? Yes No

What is the relationship of the Caymanian to you? _____

Has an employer ever been denied a Work Permit for you? Yes No

If you hold a current Immigration Visitor or Residency permit, please state when it expires: _____

Have you ever worked for the Cayman Islands Health Services Department/Authority?..... Yes No
 If YES, in which section? (Please state reason for leaving.) _____

Do you have any relatives working for the Cayman Islands Health Services Department/Authority?... Yes No
 If YES, please state their names, relationship to you and the departments in which they work: _____

Do you have a valid drivers licence?

Yes No

Do you own or have access to a car during working hours?

Yes No

Complete Record of Education From Age 13

Name and Address of School/College	Dates		List all subjects (e.g. GCE/CSE studied or passes, with grades or certificates obtained)
	From	To	
Schools			
College/Universities			
Other technical training / professional qualification gained or being studied			

Work Experience (List most recent job first)

Dates		Job Title	Final Salary (Indicate Currency)	Employers Name and Address	Main Duties / Responsibilities
From	To				

(Please continue on a separate sheet if necessary)

May we contact these previous employers?

Yes

No

If YES, please give the name of the person to contact.

1. Person to Contact

Telephone

Company Name

Best Time to Call

Address

2. Person to Contact

Telephone

Company Name

Best Time to Call

Address

May we contact any other

Hobbies, sports, extra-curricular activities:

Next of Kin:

Relationship:

Address:

Telephone Numbers of Next of Kin:

Home:

Work:

If selected when could you start work?

If you have been convicted of a criminal offence, please attach a sealed envelope giving full details of the conviction to this application. The envelope will only be opened and read by the Health Services Authority if you are to be considered for appointment.

Declaration

I declare that the preceding information is correct and true. I attach or can produce certificates of qualification(s) on request.

Signed _____

Date _____

When completed, please return this form to:

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

Fax: 345-949-2998 E-mail hsjobs@hsa.ky

*Please attach **Curriculum Vitae or Resume** to this application.*

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. All documents and picture attached to this form will become the property of the Health Services Authority and will not be returned.