

BVI HEALTH SERVICES AUTHORITY



APPLICATION FOR EMPLOYMENT

PLEASE NOTE: It is important that you complete all parts of this application. Please attach additional sheet if necessary. If your application is incomplete or does not clearly indicate the experience and/or training required, your application may be delayed or not accepted. If you have no information to enter in a section, kindly write N/A.

Applications should be addressed and returned to: Human Resources Manager, P. O. Box 439, Road Town, Tortola, VG1110 British Virgin Islands. **Email:** employment@bvihsa.vg; **Telephone:** 1 - (284) 852-7600

NAME AND ADDRESS							
<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> DR. <input type="checkbox"/> OTHER				DATE:			
SURNAME:				FIRST, MIDDLE:			
MAILING ADDRESS:							
COUNTRY OF BIRTH:				IMMIGRATION STATUS: <input type="checkbox"/> BVIlander <input type="checkbox"/> Other, please state			
Telephone:				Cell:			
Email:				Other contacts details:			
EMPLOYMENT STATUS							
<input type="checkbox"/> Employed				<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Student				<input type="checkbox"/> Self-employed			
JOB TYPE							
Days available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Temporary	<input type="checkbox"/> Locum	<input type="checkbox"/> Full or Part-time job	
Can you work nights? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				Can you work shifts? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position applied for:				How did you hear about this position?			
1. _____				<input type="checkbox"/> Walk-in			
2. _____				<input type="checkbox"/> Family/Friend			
3. _____				<input type="checkbox"/> On-line/Newspaper			
				<input type="checkbox"/> BVIHSA Website			
				<input type="checkbox"/> Other			
How many hours can you work weekly?				Date available to begin:			
EDUCATION							
High School/Trade School							
Name of Institution			Years Completed	Completion Date		Diploma	

EDUCATION College/University/Professional			
Name of Institution	Years Completed	Completion Date	Diploma
WORK EXPERIENCE			
<i>Attach additional sheet if necessary.</i>			
Company:	Name of Supervisor:	Contact number:	
Address:	Start Date:	End Date:	
Job Title:	Salary:	Job Title:	
Reason for leaving:			
Company:	Name of Supervisor:	Contact number:	
Address:	Start Date:	End Date:	
Job Title:	Salary:	Job Title:	
Reason for leaving:			
OTHER SPECIAL SKILLS/QUALIFICATIONS			
Please list. <i>Attach additional sheet if necessary</i>			
COVID- 19 VACCINATION STATUS			
ALL APPLICANTS MUST BE VACCINATED AGAINST COVID-19 FOR EMPLOYMENT CONSIDERATION			
<input type="checkbox"/> Vaccinated Against COVID-19	<input type="checkbox"/> Partially Against COVID-19		
<input type="checkbox"/> Unvaccinated Against COVID-19	Name of COVID Vaccine:		
ADDITIONAL INFORMATION			
Have you ever been employed by this organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
REFERENCES			
<i>Please include name, contact number and occupation of persons known to you in private or professional life. One must be able to attest to your character; the other work related. PLEASE DO NOT SUBMIT REFERENCES FROM RELATIVES.</i>			
Name:		Name:	
Contact number:		Contact number:	
Occupation:		Occupation:	
CHECKLIST & NOTES FOR COMPLETION (MUST be submitted along with this application)			
ALL documents must be clean, readable, and copied. DO NOT SEND ORIGINALS			
Academic qualifications will be verified before final appointment. Other relevant tests may be required at interview.			
<input type="checkbox"/> Resume	<input type="checkbox"/> Birth Certificate OR Passport page with picture		
<input type="checkbox"/> Education	<input type="checkbox"/> Immigration Status (Belonger Card, Naturalization Cert.)		
<input type="checkbox"/> References (as indicated above)	<input type="checkbox"/> Police Report (Must be original)		
ACKNOWLEDGEMENT AND AUTHORIZATION			
<input type="checkbox"/> I certify that all answers and statements on this application for employment are true and complete to the best of my knowledge.			
<input type="checkbox"/> I do understand that, should this application contain any false or misleading information, it may be rejected or my employment with this organization may be terminated.			
<input type="checkbox"/> I hereby give authorization to BVIHSA to conduct background, educational and employment history check based on the information provided in this application for employment.			
Signature of Applicant:		Date:	