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) 852-7634**

NAME AND ADDRESS	
☐ MR. ☐ MS. ☐ MRS. ☐ DR. ☐ OTHER	**DATE:**
SURNAME:	**FIRST, MIDDLE:**
MAILING ADDRESS:	
COUNTRY OF BIRTH:	**IMMIGRATION STATUS:** ☐ BVIslander ☐ Other, please state
Telephone:	**Cell:**
Email:	**Other contacts details:**

COVID-19 VACCINATION STATUS	
☐ Fully Vaccinated	☐ Partially Vaccinated
☐ Unvaccinated	

EMPLOYMENT STATUS	
☐ Employed	☐ Unemployed
☐ Student	☐ Self-employed

JOB TYPE							
Days available to work							
☐ I have no preference	☐ Mon.	☐ Tues.	☐ Wed.	☐ Thurs.	☐ Fri.	☐ Sat.	☐ Sun.
I am seeking a:	☐ Full-time job	☐ Part-time job		☐ Temporary	☐ Locum	☐ Full or Part-time job	
Can you work nights? (if applicable) ☐ Yes ☐ No				**Can you work shifts? (if applicable)** ☐ Yes ☐ No			
Position applied for: **1.**_____ **2.**_____ **3.**_____				**How did you hear about this position?** ☐ Walk-in ☐ Family/Friend ☐ On-line/Newspaper ☐ BVIHSA Website			

	☐ **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		
Attach additional sheet if necessary.		
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. *Attach additional sheet if necessary*

ADDITIONAL INFORMATION	
Have you ever been employed by this organization in the past? ☐ **Yes** ☐ **No**	**Do you have a driver's license?** ☐ **Yes** ☐ **No**
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? ☐ **Yes** ☐ **No** **If Yes, please explain:**	

REFERENCES	
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.**	
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.	
☐ **Resumé**	☐ **Birth Certificate OR Passport page with picture**
☐ **Education**	☐ **Immigration Status (Belonger Card, Naturalization Cert.)**
☐ **References (as indicated above)**	☐ **Police Report (Must be original)**

ACKNOWLEDGEMENT AND AUTHORIZATION	
☐ **I certify that all answers and statements on this application for employment are true and complete to the best of my knowledge.**	
☐ **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.**	
☐ **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:**