



OMEGA MEDICAL SERVICES LIMITED
Shop #5 Plaza De Negril, Negril Square, Westmoreland
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Email: info@omegamedicalservicesltd.com

APPLICATION FOR EMPLOYMENT

NIS/NIC# _____

RN/LICENSE# _____

TRN# _____

Email Address _____

Telephone Number: _____

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
Nationality?		Gender	
Do you have any Children or Dependents? If so, indicate their ages and relationship (for dependent) to you.			
If married, indicate occupation and employer of wife or husband?			
NEXT OF KIN:	Relationship:	Tele:	

RESIDENCE

PRESENT ADDRESS	Date of Residence: From: To:
	TELEPHONE:

POSITION

Position Desired?
Salary Expected:
Available start date:

Briefly summarize your major experience and training together with personal qualities, which you feel would be significant to the position you are seeking?

Current Employment Status:

Employed Un-employed Self-employed Student

Employment desired:

Full- Time Part-Time Seasonal/Temporary

EMPLOYMENT HISTORY

Name of Present Employer:				
Dates of employment Fr: To:	Job title	Starting salary	Final salary	Kind of business/industry:
Employers address:				Employers Tele:
<u>Name and title of your immediate supervisor</u>		<u>Reason for leaving:</u>		
<u>Description of your duties and responsibilities</u>				
<u>Name of Previous Employer:</u>			<u>Type of business/industry:</u>	
<u>Dates of employment</u>	<u>Job title</u>	<u>Starting salary</u>	<u>Final salary</u>	
<u>Employers address and telephone number</u>				
<u>Name and title of your immediate supervisor</u>		<u>Reason for leaving</u>		

<u>Description of your duties and responsibilities</u>				
<u>Details of other employment</u>	<u>From</u>	<u>To</u>	<u>Job Title</u>	<u>Reason for leaving</u>

EDUCATION AND TRAINING

INSTITUTION	LOCATION	YEARS ATTENDED	EXAMINATION/PROGRAMME TAKEN	QUALIFICATION ACHIEVED

ADDITIONAL INFORMATION

DESCRIBE ANY SPECIAL SKILLS YOU HAVE ACQUIRED THROUGH EXPERIENCE OR TRAINING
LIST MEMBERSHIP IN BUSINESS OR PROFESSION ORGANIZATION:
HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A POSITION? STATE REASON
IF SELECTED FOR EMPLOYMENT ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK? YES <input type="radio"/> NO <input type="radio"/>

LANGUAGE



CAN YOU READ, WRITE OR SPEAK ANY OTHER LANGUAGE OTHER THAN ENGLISH?

HEALTH

HOW RECENT HAVE YOU DONE A MEDICAL EXAMINATION?

DO YOU HAVE ANY PHYSICAL OR MENTAL CHALLENGES? IF SO, PLEASE DESCRIBE?

REFERENCES

	NAME	COMPANY & POSITION	ADDRESS	YEARS KNOWN	TELEPHONE
1					
2					

SIGNATURE DISCLAIMER

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION PROVIDED, TO THE REPRESENTATIVES OF OMEGA GROUP OF COMPANIES, THROUGH THIS APPLICATION OR MY INTERVIEW MAY RESULT IN MY EMPLOYMENT BEING TERMINATED.

FULL NAME: _____ SIGNATURE: _____

DATE _____

FOR OMEGA GROUP OF COMPANIES' OFFICE USE ONLY

Applicant accepted for employment: YES NO

Applicant Start Date: _____ Starting Salary: \$ _____ per annum

Department to which employed: _____

Resignation/Termination/Retired Date: _____

Signature: _____ Position _____ Date _____