Scheer Memorial Adventist Hospital

Banepa, Kavre, Nepal

RECENT PHOTO

Application for Employment

Please print or type all information except signature.

Non discrimination policy: Scheer Memorial Adventist Hospital is committed to the principal of equal opportunity. The Hospital does not discriminate on the basis of race, color, creed, gender and national origin.

GENERAL INFORMATION: (PLEASE PRINT CLEARLY)	DATE:

APPLICANT NAME _____
LAST FIRST MIDDLE

Date of Birth: _____

Place of birth: _____ Married ☐ Single ☐

Postal Address: _____ Children ☐ How many? _____

How long at above address? _____ Name of Spouse: _____

Languages Spoken: ☐ English ☐ Nepali ☐ Hindi Other _____

Cell Phone: _____ Email Address: _____

Home Telephone: _____

HR Department USE Only

Job Posting Date:_____

Call for Interview ☐ YES ☐ NO

Date: _____

Time: _____

Position(s) Applied for: (1) _____

(2) _____

Employment desired ☐ full time ☐ part time ☐ temporary

When available? ☐ Immediately Give Date: _____

For All Medical Personnel only. Professional License ☐ Yes ☐ No

If yes, type of license _____

License Number _____

Can you travel if required? ☐ Yes ☐ No

Referral Source ☐ News paper ☐ Friend ☐ Relative

☐ Internet search ☐ Walk in Other _____

Have you ever filed an application here before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No

If Yes, give date _____

Are you currently employed? ☐ Yes ☐ No

If yes, where? Name of Employer: _____

Address: _____

Telephone No. _____

May we contact your employer? ☐ Yes ☐ No

Nepali Citizen? ☐ Yes ☐ No Immigration Status _____

Revised Date: May, 2018

EDUCATION

Level	Board of the Institute	Address	Division	Year
S.L.C.				From:
				To:
Intermediate(+2)				From:
				To:
Bachelor				From:
				To:
Master				From:
				To:

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes explain number of conviction(s) and the nature of the crime _____

How recently? _____

Sentence: _____

SECURITY ONLY

Have you ever worked as:

Security Guard? ☐ Yes ☐ No Special Training? ☐ Yes ☐ No

Policeman? ☐ Yes ☐ No

Give dates of employment : From _____ To _____

DRIVERS ONLY

Do you have a Drivers License? ☐ Yes ☐ No

License Number _____ Type of license _____

Date of Issue: _____ Expiration Date: _____

Have you had any accidents during the past three years? ☐ Yes ☐ No

Have you had any major moving violations during the past 3 years? ☐ Yes ☐ No

How many? _____

OFFICE AND BUSINESS

COMPUTER KNOWLEDGE ☐ Yes ☐ No HOW WELL? _____ WORD TYPING SPEED _____

☐ PC ☐ MAC GRAPHICS ☐ Yes ☐ No

POWER POINT ☐ Yes ☐ No EXCEL ☐ Yes ☐ No

MEDICAL TERMINOLOGY? ☐ Yes ☐ No Other? _____

Please list 2 references OTHER THAN relatives or previous employers

Name _____

Position _____

Company/Office _____

Address _____

Telephone (cell) _____

Name _____

Position _____

Company/Office _____

Address _____

Telephone (cell) _____

An application form sometimes makes it difficult for an individual to adequately summarize a completed background. Use the space below to summarize additional information necessary to describe your full qualification for the specific position for which you are applying.

WORK EXPERIENCE

Please list your work experience for the past 5 years, beginning with your most recent job held.
(If you were self employed, give firm/company name. (attach additional sheets if necessary)

#1

Name of Employer _____

Address _____

City _____

Phone number _____

Name of last supervisor _____

Duties performed _____

Skills learned _____

Advance ☐ Yes ☐ No

Promotion ☐ Yes ☐ No

From: _____ Starting Salary _____

To: _____

Your last job title _____

REASON FOR LEAVING (BE SPECIFIC)

WORK EXPERIENCE

Please list your work experience for the past 5 years, beginning with your most recent job held.
(If you were self employed, give firm name. (attach additional sheets if necessary)

#2

Name of Employer _____

Address _____

City _____

Phone number _____

Name of last supervisor _____

Duties performed _____

Skills learned _____

Advance ☐ Yes ☐ No

Promotion ☐ Yes ☐ No

From: _____ Starting Salary _____

To: _____

Your last job title _____

REASON FOR LEAVING (BE SPECIFIC)

WORK EXPERIENCE

Please list your work experience for the past 5 years, beginning with your most recent job held.
(If you were self employed, give firm name. (attach additional sheets if necessary)

#3

Name of Employer _____

Address _____

City _____

Phone number _____

Name of last supervisor _____

Duties performed _____

Skills learned _____

Advance ☐ Yes ☐ No

Promotion ☐ Yes ☐ No

From: _____ Starting Salary _____

To: _____

Your last job title _____

REASON FOR LEAVING (BE SPECIFIC)

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? _____

Do you have a relative working at Scheer Memorial Adventist Hospital? ☐ Yes ☐ No

If Yes, Give name _____

What Department? _____

How related? ☐ Sister ☐ Brother ☐ Aunt ☐ Uncle ☐ Cousin ☐ Other

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WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

It is my understanding that this employment application, on the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral presentations made by agents or representatives of Scheer Memorial Adventist Hospital.

CERTIFICATION OF TRUTH AND ACCURACY

I hereby certify that the information in this application is true, complete and correct. I understand that false answers, false statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or termination of employment even after an offer has been made to me and I have been hired.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand I may also be required to undergo a pre-employment or post-employment medical examination by Scheer Memorial Adventist Hospital's designated health practitioner.

I hereby authorize a background check of my personal history/educational background, and verification of employment as per disclosed on this application form.

I understand that passing the background check is a condition of employment. A negative background check result can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PROHIBITION

Scheer Memorial Adventist Hospital is a non-smoking, non tobacco chewing, drug-free institution. Smoking, chewing tobacco the use of drugs and alcoholic beverages on hospital premises and/or while on duty are strictly prohibited and subject to immediate disciplinary action and/or Termination.

Signature _____

Print Name: _____

Date : _____