

EMPLOYMENT APPLICATION

Please print in BLACK INK or TYPE. Answer each section in its entirety.
Please Note: Reference to CV is not acceptable.

PERSONAL HISTORY:

Application for position of: Registered Staff Nurse

Surname: _____ Maiden Name: _____ Mr/Mrs/Miss: Miss _____

First Names (in full): Tenzin _____

Address: House no.49, Camp no.4, P.O. Tibetan Colony Mundgod, Distt.Karwar _____

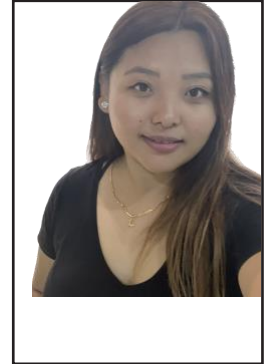
Telephone No. Home: _____ Work: _____ Ext: _____

Mobile No. 9148200586 _____ Email Address: tenzintomo51@gmail.com _____

What period of notice are you obliged to give your present employer? 24 _____

hours Passport Details: Place of Issue: Delhi _____ No: Y0173514 _____

Date Issued: 24/08/2020 _____ Valid until: 23/08/2030 _____



EDUCATION:

College/University/Medical School/Nurse Training:	From:	To:	Qualifications Obtained:	Date Obtained:
St.Johns Medical College and Hospital	01/02/2018	05/06/2023	B.Sc.Nursing	31/10/2018

Registration in County of Training: Bengaluru, India _____ Expiry Date: 22/02/2026 _____

Nursing & Midwifery Board of Ireland (NMBI) _____ Expiry Date: 05/05/2024 _____

Nursing & Midwifery Council (NMC) _____ Expiry _____

Post Graduate Courses: Nil _____ From: _____ To: _____ Qualifications Obtained: _____ Date Obtained: _____

EMPLOYMENT RECORD

Name & Address of Present Hospital	St.Johns Medical College and Hospital
Employment Dates	01/02/2018
Number of beds in Hospital	1350 beds
Current Speciality / Conditions of patients	Medical cases: Pneumonia, Asthma, Fever with thrombocytopenia Surgical cases: Hernia, Appendicitis, Cholecystectomy, Cellulitis Neuro cases: Stroke, Paraplegia, Multiple Sclerosis
Previous Positions in Present Employment	Staff Nurse grade -2
Present Salary	Bed/Month

PREVIOUS EMPLOYMENT - please commence with most recent employment

To ensure correct salary scale please complete fully

Proof of incremental credit must be provided and agency work verified

Previous Hospitals Names & Addresses	Speciality / Job Title & Main Duties	From Month & Year	From Month & Year
St.Johns Medical College and Hospital, Sarjapura road, Koramangsla, Bengaluru 560030	Senior Nurse Grade - 2	01/02/2018	

REFEREES:

(Please provide the names and addresses of two people who can provide professional references. One of which must be your current Hospital.

If KCR International Healthcare is not to contact a referee without prior consent you must indicate by placing 'X' in the appropriate space below.)

Name: Sr. Ria Emmanuel Telephone No: 080-22065138

Position: Chief of Nursing Services

Address: St. Johns Medical College and Hospital, Sarjapura road, Koramangala, Bengaluru 560030

Place an 'X' here if KCR International Healthcare may not contact this person without first obtaining your consent.

Name: Siji Alphonse Telephone No: 7760474224

Position: Ward Incharge

Address: St. Johns Medical College and Hospital, Sarjapura road, Koramangala, Bengaluru 560030

Place an 'X' here if KCR International Healthcare may not contact this person without first obtaining your consent.

Name: Telephone No:

Position:

Address:

Place an 'X' here if KCR International Healthcare may not contact this person without first obtaining your consent.

Have you ever suffered from any serious illness or injury that may impact on your ability to carry out the duties that you have applied for? If YES please provide details below

NO

I believe that I am medically fit to carry out the duties of the position I have applied for.

YES

Have you ever been convicted of a criminal offense (other than traffic violation) or the subject of professional conduct proceedings? (please tick appropriate)

If YES provide details:

ADDITIONAL REMARKS on your qualifications/experience.

NA

NOTE: PLEASE ATTACH COPIES OF YOUR ACADEMIC AND PROFESSIONAL QUALIFICATIONS AND RETURN WITH THIS APPLICATION FORM.

DO YOU HAVE A CRIMINAL RECORD?

NO

If yes, you must give details of all convictions. Please do so on a separate sheet and return it with this application form.
N.B. Spent as well as current convictions and cautions must be declared.

I UNDERSTAND THAT AN APPOINTMENT, IF OFFERED, IS SUBJECT TO THE INFORMATION I HAVE GIVEN ON THIS FORM BEING CORRECT.

1. I affirm that the information set out in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information or omit any material information, this may result in any offer of employment being withdrawn, or if I have already been employed, in my dismissal.
 - (i) That I will not be offered employment until:
 - (a) KCR International Healthcare has determined that I am qualified for employment by a potential employer or employers: and
 - (b) My prospective employment has been approved by a potential employer.
 - (ii) That any offer of employment and any resulting employment will be conditional upon:
 - (a) My submitting to a physical examination prescribed by KCR International Healthcare, the result of which is satisfactory to KCR International Healthcare.
 - (b) My obtaining the appropriate visa for the host country.
 - (c) KCR International obtaining satisfactory references and (where appropriate) confirmation of my qualifications.
 - (d) All information supplied by me being true, correct and complete.
 - (iii) That KCR International Healthcare may at its complete discretion elect not to submit my application for employment to any potential employer.
 - (iv) That the decision of any potential employer as to the subject of my application for employment is made solely by that person, and is not within the control of KCR International Healthcare.
 - (v) That I will not become an employee of KCR International Healthcare, and that KCR International Limited shall in no circumstances have any liability to me for any loss or damage whether consequential or otherwise arising in connection with any offer of employment, any resulting employment or any decision not to offer me employment.
3. I further understand and agree that if I, the employee, should by personal choice resign or terminate my contract during the first three months, I accept full responsibility for the cost of my initial joining ticket and my return ticket to my point of hire. (where applicable)

Signature: _____

Date: _____

Availability date to travel: