



**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

PLEASE AFFIX

PASSPORT PHOTOGRAPH

and enclose three further photographs

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:tenzintsomo51@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:

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| --- | --- | --- | --- | --- |
| 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 |
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| --- | --- | --- |
| 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 | 30000 |

**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 |
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**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:Tenzin Tsomo Telephone No:9148200586

Position:Staff Nurse Grade - 2

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

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

o

Name: Telephone No:

Position:

Address:

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

o

Name: Telephone No:

Position:

Address:

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

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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

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

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:

o YES o NO o YES o NO

**ADDITIONAL REMARKS** on your qualifications/experience.

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

DO YOU HAVE A CRIMINAL RECORD? NO o

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.

1. I understand and agree
2. That I will not be offered employment until:
   1. KCR International Healthcare has determined that I am qualified for employment by a potential employer or employers: and
   2. My prospective employment has been approved by a potential employer.
3. That any offer of employment and any resulting employment will be conditional upon:
   1. My submitting to a physical examination prescribed by KCR International Healthcare, the result of which is satisfactory

to KCR International Healthcare.

* 1. My obtaining the appropriate visa for the host country.
  2. KCR International obtaining satisfactory references and (where appropriate) confirmation of my qualifications.
  3. All information supplied by me being true, correct and complete.

1. That KCR International Healthcare may at its complete discretion elect not to submit my application for employment to any potential employer.
2. 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.
3. 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.
4. 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: