

INTERNATIONAL MEDICAL GROUP

International Hospital Kampala

International Air Ambulance

International Medical Centre

APPLICATION FOR EMPLOYMENT

STRICTLY CONFIDENTIAL

INTERNATIONAL MEDICAL GROUP IS AN EQUAL OPPORTUNITY EMPLOYER

Some of the information provided by you within this application for employment form may be used for statistical purposes. All information provided will be in accordance with the Employment Act. You are at liberty to request which other organizations this information may be provided to.

Attach/ Insert Photo	APPLICATION INFORMATION	DATE OF APPLICATION
	INSTRUCTIONS. Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. Return under sealed cover to Personnel Division at the above address, or by email to hmagoola@img.co.ug	POST APPLIED FOR
	PREFERRED DURATION OF EMPLOYMENT <input type="checkbox"/> Indefinite <input type="checkbox"/> Definite _____ (Years/ Months)	TITLE e.g. Dr. Mrs. Etc

Family/Surname	First name	Middle name	Maiden name (if any)
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Date of Birth	Place of Birth	Nationality	Address
P.O. Box	Telephone	Alternate Telephone	Email

If you not Ugandan, do you hold a Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please state type of Visa you hold</i>			
VISA	Date	Expiry	Comment
Do you have a Work Permit?			
How long? _____ (Years) _____ (Months)			

Please Note: if you have problems with your work permit, please contact out Human resource office as soon as possible or seek counsel form the Dept of Immigration.

EDUCATION: Give details in chronological order (most recent first). Include short courses and postgraduate studies in your professional/occupation and related fields.

From	To	Name of school/college/university or equivalent, city/country	Nature of course/studies/specialization	Certificate/Diploma/Degree obtained

EMPLOYMENT RECORD: Starting with your present or most recent post, list in reverse order positions held. Attach additional pages if any.

PRESENT OR MOST RECENT EMPLOYMENT

Period		Net Salary		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, (if any)	
Name and address of employer			Name and title of supervisor	
Reason for leaving position				
Description of your duties and responsibilities				

PREVIOUS EMPLOYMENT				
Period		Net Salary		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, (if any)	
Name and address of employer			Name and title of supervisor	
Reason for leaving position				
Description of your duties and responsibilities				

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Name and address of employer			Name and title of supervisor	

Reason for leaving position
Description of your duties and responsibilities

PREVIOUS EMPLOYMENT				
Period		Net Salary		Exact title of your post
From	To	Starting	Most recent	
Give details of substantial allowances or fringe benefits (if any)			Number and type of employees supervised by you, (if any)	
Name and address of employer			Name and title of supervisor	
Reason for leaving position				
Description of your duties and responsibilities				

HEALTH-HISTORY

International Medical Group has a legal requirement to maintain the health and safety of staff, visitors and patients. In some positions you will come into contact with the following:

- * Lifting of patients and/or materials handling
- * Handling of workplace substances including biological specimens
- * Technology e.g. lasers, scans and computers
- * Chemicals and other substances and drugs
- * Moving machinery e.g. saws, trolleys, and beds
- * Preparation of food items

The following questions are being asked to ensure we meet our duty of care and safety:

1. Please list any medical conditions that you think we should be aware of e.g. past back injury, Heart disease, latex allergy, etc.

2. Would you need workplace modification, changes to procedures or additional equipment to perform the position applied for? E.g. hearing protection Yes No

PERSONAL SUMMARY: Please indicate the relevance of your experience and abilities to the employment with IMG you seek; what have been the most significant factors in your career to date; your most useful achievements and contributions; any long-term plans for your future development and how employment with IMG fits into them. We would also like you to describe briefly your activities outside your job; any professional societies to which you belong, published articles, pamphlets or books of which you are the author; any skills or areas of knowledge which have not been sufficiently highlighted so far and finally any circumstances, disabilities, health problems or reservations which may restrict your transferability, mobility or travel.

Relevance of your experience and abilities:

Most useful achievements and contributions:

Long-term plans for future development and how employment with IMG fits into them:

Activities outside your job:

Any professional societies to which you belong:

Any skills or areas of knowledge which have not been sufficiently highlighted so far:

Any circumstances, disabilities, health problems or reservations which may restrict affect your work:

LEGAL CONVICTIONS: If you have ever been found guilty of the violation of any law (other than minor traffic violations), give particulars. Yes No Give details on a separate sheet if necessary

Charge	Date	Where tried	Conviction

Please Note: IMG reserves the right to undertake a criminal record check on all applicants.

The references from your present/most recent employer and/ or former employers/academic referees with knowledge of your work history are preferred e.g. immediate supervisor. You may also add more references here, including name, occupation, relationship to you, address, telephone and fax numbers.

Name:	Name:
Occupation:	Occupation:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>
What or who was your source of introduction to IMG? When are you available to take up a new appointment?	
I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the withdrawal of appointment or dismissal if an appointment has been accepted.	
Date:	Signature:

If found useful, your Application Form will be kept in our records up to a maximum of 1 year

STATEMENT

I consent to IMG conducting a criminal record check in respect of me.

I understand that I am liable to have my employment terminated or my job application refused if any details in this application are false.

I understand that all information concerning IMG and its patients is strictly confidential and any unauthorized disclosure of such information will be regarded as a breach of trust and may result in termination. I agree to abide by all IMG policies and procedures

SIGNATURE _____ DATE ____/____/_____

If electronically posted, this will require signature before position commencement