



## Application for Employment

Oasis de Vie (ODV) mission is to provide dignified, compassionate and quality continuum of healthcare services in the heart of Beirut. To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that the applicant will be employed by us. This form becomes a part of your permanent employment record if you are hired.

Position applied for: \_\_\_\_\_

Salary Expected per month: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Job Objective: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PERSONAL INFORMATION

Name: (Please print full Legal Name)	Last Name	First Name	Middle Name
Place & Date of Birth:	Country	D	M Y
Home Address:			
Contact numbers:	Res.	off.	Mob.
Email Address:			
Nationality(ies):			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Civil Registration Number			Social Security No.
Spouse Maiden Name			Date of Birth of spouse
Spouse Occupation			

### Children

Child's Name	Sex	Place & Date of Birth	Marital Status	Educational Level: In case of studying Occupation: In case of working

Any other legal dependent?  Yes  No Relationship \_\_\_\_\_

Do you have any physical disability?

<input type="checkbox"/> None	<input type="checkbox"/> Speech	<input type="checkbox"/> Hearing	<input type="checkbox"/> Sight	<input type="checkbox"/> Limbs	<input type="checkbox"/> Others
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Comments: \_\_\_\_\_  
 \_\_\_\_\_

Date of last Medical check-up:		Blood Group	
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Are you a member of any professional organization / syndicate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify:	Expiry Date:

Have you completed your military service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempted <input type="checkbox"/> Currently	
Specify:	Date of Completion:

Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify:	Date:

How were you referred to ODV?

Walk-in

Newspaper Advertisement (please specify): \_\_\_\_\_

Job Fair (please specify): \_\_\_\_\_

Website or internet (please specify): \_\_\_\_\_

Employee Referral (please specify): \_\_\_\_\_

Employment Agency (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

List names of relatives/friends employed by us:

The following conditions might be required at some point in a job assignment. Do you agree to satisfy the following work schedule?

a. Shift work?  Yes  No

b. Overtime work?  Yes  No

c. Rotation work?  Yes  No

Status of employment for which you are applying:  Full-time  Part-time

**LICENSED/CERTIFIED APPLICANTS ONLY**

License	License No.	Expiry Date	License	License No.	Expiry Date
Registered Nurse			Pharmacist		
Licensed Practical Nurse			Speech Therapist		
Certified Nursing Assistant			Radiologic Technologist		
Respiratory Therapist			Radiation Therapy Technologist		
Physical Therapist			Other (Specify)		
Occupational Therapist					

**EDUCATION & TRAINING**

From Year	To Year	School/University/College	Subject of Specialization / Major	Degrees / Diplomas obtained

### EMPLOYMENT HISTORY

(Starting with current position in decreasing chronological order)

<b>1. Name of Employer</b>							
Type of Business							
Address							
Country		Telephone:					
Job Title							
Name of Immediate Supervisor							
Date of Employment (Mo./Yr.)		From:		To:			
Duties Performed							
Ending Salary							
Reason for Leaving							
May we contact this employer? (A No answer will not affect your consideration for employment opportunities)						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Name of Employer</b>							
Type of Business							
Address							
Country		Telephone:					
Job Title							
Name of Immediate Supervisor							
Date of Employment (Mo./Yr.)		From:		To:			
Duties Performed							
Ending Salary							
Reason for Leaving							
May we contact this employer?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Name of Employer</b>							
Type of Business							
Address							
Country		Telephone:					
Job Title							
Name of Immediate Supervisor							
Date of Employment (Mo./Yr.)		From:		To:			
Duties Performed							
Ending Salary							
Reason for Leaving							
May we contact this employer?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

### LANGUAGES

Language	Written				Spoken			
	Fair	Good	Very Good	Excellent	Fair	Good	Very Good	Excellent
Arabic								
English								
French								
Other								



**COMPUTER SKILLS**

Microsoft Office:

Word                       Excel                       Access                       PowerPoint                       Other

Specialized Application Software: (give details)

Programming Languages: (give details)

**OTHER SKILLS & QUALIFICATIONS**

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↕  
↕

**ACHIEVEMENTS / ACCOMPLISHMENTS**

↕  
↕  
↕

**HOBBIES**

**REFERENCES**

Give name(s) of three person(s) familiar with your current abilities who we may contact for a reference. Please do not list relatives.

Name	Relationship to Applicant	Occupation	Years known	Telephone

For any further information, please attach your CV.

**Signature**

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged. I authorize the employer to investigate all statements contained in this application for employment.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by ODV.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_