**Recruitment Application Form**

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| Position Applied For: | Healthcare (Clinician) | | Position (please specify): | |
| Non-Healthcare | |
| **Candidates’ Personal Information** | | | | | |
| **Full Name:** | |  | | | |
| **Nationality:** | |  | | | |
| **Passport No. & Expiration Date:**  *(provide colored copy & must be valid for 12 months)* | |  | | | |
| **Current Address:** | |  | | | |
| **Date of Birth:** | |  | | | |
| **Civil Status:**  (Single/Married/Divorce/Widow/Widower) | |  | | | |
| **Mobile Number:** | |  | | | |
| **Personal E-mail Address:** | |  | | | |
| **Languages Known:** | |  | | | |
| **Educational Attainment:** *(Fill out the below and provide the colored copy of the documents)* | | | | | |
| **Doctorate (Ph.D.)**:  *Completion Date:* | |  | | | |
| **Master’s Degree (MA, MSc):**  *Completion Date:* | |  | | | |
| **Bachelor’s Degree (BA, BSc):**  *Completion Date:* | |  | | | |
| **Diploma:**  *Completion Date:* | |  | | | |
| **High School:**  *Completion Date:* | |  | | | |
| **Others:** | |  | | | |
| **Professional Experience:** *(Fill out the below and provide the colored copy of the HR signed and issued employment certificate*) | | | | | |
| **Current Employer:** | |  | | | |
| **Current Position:** | |  | | | |
| **Date Joined:** | |  | | | |
| **Current Salary & Benefits:** | |  | | | |
| **Reason for Leaving:** | |  | | | |
| **Professional Registration / License to Practice (Clinician candidates only)**  *(Fill out the below and provide the colored copy of the documents. Do not send expired and outdated documents/certificates)* | | | | | |
| Name of Licensure Authority | | Licensed As | Place Issued | Date Issued | |
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| **CME’s/Training Attended (Clinician candidates only)**  *(Fill out the below and provide the colored copy of the documents. Do not send expired and outdated documents/certificates)* | | | | | |
| Course/Name of Training | | Institution | Location | Completion Date | |
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| **Driving License Details – mandatory for clinician candidates** *(Fill out the below and provide the colored copy of the documents)* | | | | | |
| License (Manual/Automatic) | | License No. | Place Issued | Date Issued | |
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| **Nearest Availability:** | | | | | |
| Availability to Join: | |  | | | |
| **Referees:** | | | | | |
| Name | | Position | Company Name | E-mail Address | |
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| **Requirements -** *Provide the colored copy of the below-listed documents (do not send expired and outdated documents/certificates)* | | | | | |
| Name of Documents | | | Please check Checkmark with solid fill if the document is available/completed | | |
| Updated CV | | |  | | |
| Photo – *passport size in white background as per ICA photo specifications* | | |  | | |
| Passport (front page) – must be valid for at least 12 months | | |  | | |
| Resident Visa (UAE resident) | | |  | | |
| Emirates ID (UAE resident) | | |  | | |
| Driving License (Clinician candidate) | | |  | | |
| High School Certificate | | |  | | |
| Diploma/Certifcate of Completion | | |  | | |
| Transcript of Records | | |  | | |
| Employment Certificate, issued and signed by HR | | |  | | |
| License to Practice (Clinician candidates only) | | |  | | |
| Registration Certificate (Clinician candidates only) | | |  | | |
| Letter of Good Standing from the licensing authority *(Clinician candidates only)* | | |  | | |
| CME/Training Certificates (Clinician candidates only) | | |  | | |
| Police Clearance (UAE resident) | | |  | | |
| Dataflow Report (Clinician candidates only, & if any) | | |  | | |
| Others (if any/applicable): | | |  | | |

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| **Notes:** |
| * **Documents in a foreign language** must be translated into Englishby an authorized translator * **English Language** – candidates are required to have a very good comprehension of the English language including speaking, reading, writing, and listening. * Candidates are required to have 2 years post-qualification & registration experience to apply for a Paramedic/EMTA position |

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| **Certification:** |
| I certify that all information provided in this form, including dates, and in other documentation are true and accurate.  Signature:  Date: |