



Please Circle the Highest Elementary Grade Completed		1	2	3	4	5	6	7	8
School	Course of Study	Name of Certificate/ Degree Conferred	Duration of Program	Completion of Program					
				Yes	No				
Secondary									
University/College									
Technical / Nursing									

**EMPLOYMENT HISTORY**

PLEASE LIST ALL EMPLOYMENT STARTING WITH THE PRESENT OR MOST RECENT EMPLOYER

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Name of Employer _____		Phone No: _____	
Address _____		Fax No. _____	
Position Held _____		Duties & Responsibilities _____	
Name of Supervisor _____			
Date of Employment	From _____	To _____	Full-time      Part-time
Reason for Leaving: _____			
Name of Employer _____		Phone No: _____	
Address _____		Fax No. _____	
Position Held _____		Duties & Responsibilities _____	
Name of Supervisor _____			
Date of Employment	From _____	To _____	Full-time      Part-time
Reason for Leaving: _____			
Name of Employer _____		Phone No: _____	
Address _____		Fax No. _____	
Position Held _____		Duties & Responsibilities _____	
Name of Supervisor _____			
Date of Employment	From _____	To _____	Full-time      Part-time
Reason for Leaving: _____			

Please List Any Additional Training Achieved or Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that any misrepresentation of facts made in this application process shall be sufficient cause for dismissal if employed by Hotel Dieu Shaver Health and Rehabilitation Centre. I agree to undergo any and all employment related physical examinations and tests upon offer of employment or during my employment as may be required. I authorize the Hospital to make such inquiries regarding the above information as deemed necessary.

I authorize Hotel Dieu Shaver Health and Rehabilitation Centre to contact the persons or organizations listed for the purposes of obtaining references including information contained on my personnel file(s). These persons/organizations are authorized to disclose such information on this form or my resume.

\_\_\_\_\_  
 Signature of Applicant Date