

## **APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS IN FULL

Positions Applied for:						
Date Available:						
Status of Employment Desired: Full- tim	e Part-time	Casual	Student			
PERSONAL INFORMATION						
Name:	First		Middle			
Present Address:		Apt.				
City and Povince		· •	Postal			
Telephone: () Residence Phone No.	() Business	Aternate Contact:: Nam	ne Phor	ne No.		
Email Address: Currently Registered Yes	No Profes	sional Registration No. (if appli	icable)			
GENERAL						
Are you over 16 years of age?	Yes No					
Are you legally entitled to work in Canada?	Yes No					
Are you available to work all shifts?	Yes No					
If no, what shifts are you available for?	days eve	enings nights	weekends			
Have you ever been convicted of a Federal Offence	e for which you have not t	peen pardoned?	Yes	No		
If so, please indicate the date//	_/ and nature	of conviction				
Have you ever been employed by Hotel Dieu Shave	er Health and Rehabilitati	on Centre before?	Yes	No		
If yes, when?/ For wh	at position?	Department				
Have you ever previously applied for employment with Hotel Dieu Shaver Health and Rehabilitation Centre? Yes No						
If so, for what position?		Were you interviewed?	Yes	No		
Do you presently have any relatives employed by the	nis hospital?		Yes	No		
If so, please provide Name, Relationship and Department:						

Please Circle the Highest Elementary Grade Completed 1 2 3 4 5 6 7 8										
School	Course of Study	Name o	of Certifica	ate/ Degre	ee Conferre	d	Duration of	of Program	Completion Yes	of Program 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

Phone No:						
Fax No						
Full-time Part-time						
Phone No:						
Fax No						
Full-time Part-time						
Phone No:						
Fax No						
Full-time Part-time						
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.						