

APPLICATION FOR EMPLOYMENT



Positions Applied for _____

Date Available: _____ Salary Desired: _____ Per: _____

Status of Employment Desired: Full-time Part-time Casual Student

Personal Information

Name: _____
Last First Middle

Present Address: _____
Street and Number Apt.

City and Province Postal

Telephone: _____
Home Phone Cell Phone Business Alternate Contact Name Phone No.

Email Address: _____

Currently Registered Yes No Professional Registration No. (if applicable) _____

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 Evenings Nights Weekends

Have you ever been convicted of a Federal Offence for which you have not been pardoned? Yes No

If so, please indicate the date _____ And nature of conviction _____

Have you ever been employed before by either **Hotel Dieu Health Sciences** or **Hotel Dieu Shaver Health and Rehabilitation Centre**? Yes No

If yes, when? _____ For what 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 hospital? Yes No

If so, please provide Name, Relationship and Department: _____

Proficiency in both official languages? (check if applicable): English French

Education

School	Course of Study	Name of Certificate/Degree	Duration of Program	Completion of Program	
Secondary				Yes <input type="checkbox"/>	No <input type="checkbox"/>
University/College				Yes <input type="checkbox"/>	No <input type="checkbox"/>
University/College				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Technical/Nursing				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employment History

Name of Employer _____ Phone No _____

Address _____ Fax No _____

Name of Supervisor _____

Date of Employment From _____ To _____ Full-time Part-time

Reason for leaving _____

Name of Employer _____ Phone No _____

Address _____ Fax No _____

Name of Supervisor _____

Date of Employment From _____ To _____ Full-time Part-time

Reason for leaving _____

Name of Employer _____ Phone No _____

Address _____ Fax No _____

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
(Signature required at time of Interview)

Date