



MOUNT ST. MARY HOSPITAL
 861 Fairfield Road, Victoria, BC V8V 5A9
 Human Resources phone: (250) 480-3116
 Fax: (250) 480-3106

APPLICATION FOR EMPLOYMENT

Thank you for your interest in Mount St. Mary Hospital. Only those applicants selected for an interview will be contacted. Your application will remain on file for one (1) year.

POSITION	Position Applying for: _____			Work Area or Department: _____		
	Type of Employment desired:			Are you able to work?		
	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Relief			<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
	Have you been employed at Mount St. Mary Hospital before?			Short Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Position: _____ Dates From: _____ To: _____ Have you ever been employed under another name? <input type="checkbox"/> Yes _____ (please state)			Days available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Any restrictions re availability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
Are you physically able to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a criminal offense? (Any criminal record deemed unrelated to your employment will not be considered. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Did a current Mount St. Mary Hospital employee refer you for this position? <input type="checkbox"/> Yes Name: _____						
Do you have any relatives working at Mount St. Mary Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No						
PERSONAL	Last Name _____ First Name _____ Middle Initial _____ Preferred Name _____					
	Mailing Address: _____ Street _____ City _____ Province _____ Postal Code _____					
	Home Phone # _____		Cell phone # _____		Email _____	
EDUCATION	Type of School	Name & Address of School	From:	To:	Grades / Degrees / Certificates completed	
	Secondary / Equivalent					
	Nursing / Technical					
	College / University					
	Other					
SKILLS	<i>Special skills / qualifications related to the position for which you are applying:</i>					

	<input type="checkbox"/> Medical Terminology <input type="checkbox"/> Word Processing <input type="checkbox"/> Keyboard _____ wpm <input type="checkbox"/> Software (please list) _____					
	Registration/License #: _____			Province: _____		
Current: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interim			Expiry Date: _____			

Employment History *must be completed in full*, regardless of attaching/including a resume.

Are you currently employed? Yes No

Please list all employers beginning with current or most recent employer leaving no employer out. (If additional room is required, please attach separate sheet with the complete employment history.)

Employer: _____ Phone # _____ Fax # _____

Address: _____ Postal Code _____

Supervisor: _____ Title: _____

Position Occupied: _____ Employment Status: FT PT Casual

Dates Employed: From _____ To _____

Briefly describe duties and responsibilities: _____

Reason for Leaving: _____

May this Employer be contacted for a reference? Yes No

Employer: _____ Phone # _____ Fax # _____

Address: _____ Postal Code _____

Supervisor: _____ Title: _____

Position Occupied: _____ Employment Status: FT PT Casual

Dates Employed: From _____ To _____

Briefly describe duties and responsibilities: _____

Reason for Leaving: _____

May this Employer be contacted for a reference? Yes No

Employer: _____ Phone # _____ Fax # _____

Address: _____ Postal Code _____

Supervisor: _____ Title: _____

Position Occupied: _____ Employment Status: FT PT Casual

Dates Employed: From _____ To _____

Briefly describe duties and responsibilities: _____

Reason for Leaving: _____

May this Employer be contacted for a reference? Yes No

EMPLOYMENT HISTORY

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION IN MY OWN HANDWRITING AND THAT THE INFORMATION GIVEN ON THIS APPLICATION FORM IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENT, OMISSION OR MISREPRESENTATION MAY BE SUFFICIENT REASON FOR REJECTION OF THIS APPLICATION OR, IF EMPLOYED, IMMEDIATE DISMISSAL FROM MOUNT ST. MARY HOSPITAL.

Personal information contained on this form is collected under the Freedom Of Information and Protection of Privacy Act (FOIPPA) and will be used for the purpose of your application for employment.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Applicant: Please sign and date Authorization to Release Information

Mount St. Mary Hospital

AUTHORIZATION TO RELEASE INFORMATION: I consent and authorize Mount St. Mary Hospital to obtain information from my present/previous employers and/or educational facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.

Print Name: _____ **Signature:** _____ **Date:** _____