

**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.

<b>POSITION</b>	Position Applying for: _____				Work Area or Department: _____						
	Type of Employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Relief				Are you able to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights						
	Have you been employed at Mount St. Mary Hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Short Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, Position: _____ Dates From: _____ To: _____				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						
	Have you ever been employed under another name? <input type="checkbox"/> Yes _____ (please state)				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											
<b>PERSONAL</b>	Last Name _____				First Name _____		Middle Initial _____		Preferred Name _____		
	Mailing Address: _____				Street _____		City _____		Province _____		
									Postal Code _____		
	Home Phone # _____				Cell phone # _____				Email _____		
<b>EDUCATION</b>	Type of School		Name & Address of School		From:	To:	Grades / Degrees / Certificates completed				
	Secondary / Equivalent										
	Nursing / Technical										
	College / University										
	Other										
<b>SKILLS</b>	<b>Special skills / qualifications related to the position for which you are applying:</b>										
	_____										
	_____										
	<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:** \_\_\_\_\_