



# Red Lake Margaret Cochenour Memorial Hospital

## Application for Employment

**DISCLAIMER:** The Human Rights Code prohibits discrimination in employment because of race, national or ethnic origin, citizenship, religion, age, sex or sexual orientation, marital or family status, handicap, disability, language (Province of Quebec) or record of offenses (including an offense in respect of any provincial statute).

### PERSONAL

FULL NAME	LAST	FIRST	MIDDLE INITIAL
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FULL MAILING ADDRESS
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TELEPHONE NUMBER
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<b>TYPE OF WORK</b> <input type="checkbox"/> FULL TIME or <input type="checkbox"/> PART TIME (Specify days and hours if part time)
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HAVE YOU WORKED FOR THIS ORGANIZATION BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES  IF YES, WHEN?
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JOB(s) APPLIED FOR	EXPECTED RATE OF PAY
1.	
2.	

AVAILABLE START DATE	DO YOU HAVE RELIABLE TRANSPORTATION <input type="checkbox"/> NO <input type="checkbox"/> YES	ARE YOU BONDABLE? <input type="checkbox"/> NO <input type="checkbox"/> YES <small>Answer only if you have been advised this information is relevant to the position applied for</small>
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PLEASE USE THE SPACE BELOW TO LIST ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS YOU POSSESS. (IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION).


### EDUCATION BACKGROUND

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location	(NOT APPLICABLE)	(NOT APPLICABLE)		
Years Completed	4   5   6   7   8	9   10   11   12   13	1   2   3   4	1   2   3   4
Diploma / Degree				
Course of Study				
Specialized training, apprenticeship skills and extra-curricular activities				
Indicate any honours or awards you have received				

**PRIOR WORK HISTORY** (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

DESCRIBE WORK RELATED DUTIES:

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

DESCRIBE WORK RELATED DUTIES:

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

DESCRIBE WORK RELATED DUTIES:

DATES		NAME and ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

DESCRIBE WORK RELATED DUTIES:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NOT, INDICATE BELOW WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.
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**PERSONAL REFERENCES**

GIVE THE NAMES OF AT LEAST 3 PERSONS WHO CAN SUPPLY INFORMATION PERTINENT TO YOUR JOB PERFORMANCE (EXCLUDING FORMER EMPLOYERS OR RELATIVES).

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

**PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set form in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE OF APPLICANT	DATE
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