



APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT

1800 8th East P.O. Box 1800, Owen Sound, Ontario N4K 6M9
Phone: 519-376-2121 Ext 2001 Fax: 519-372-3949

FORM MUST BE COMPLETED AND SIGNED INCLUDING EMPLOYMENT HISTORY SECTION. APPLICATIONS ARE KEPT ON FILE FOR SIX MONTHS. This form meets all the requirements of the Human Rights Commission.

Position Applied for	Job Posting #	Type of Employment wanted:- <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Location of Employment Desired: <input type="checkbox"/> All sites <input type="checkbox"/> Markdale <input type="checkbox"/> Bruce Peninsula sites <input type="checkbox"/> Meaford <input type="checkbox"/> Southampton <input type="checkbox"/> Owen Sound		
Available for Shift Work If Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available	Telephone
Name		
Address Last		Given Name(s)
Number and Street	Apt.	City/Town Province Postal Code
Are you eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ How did you hear about us? <input type="checkbox"/> GBHS Website <input type="checkbox"/> other Website _____ <input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Word of mouth <input type="checkbox"/> Another employee _____ (name) Do you have any relatives employed at GBHS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list: _____ Is there anything that would prevent you from performing the essential duties of the job(s) for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a criminal offense for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION:

Education	Level Completed	Degree/Diploma Obtained
Secondary School		
Community College		
University		
Other (Specify)		

EMPLOYMENT HISTORY: List Present or Most Recent Employment First

Name of Employer		Address		Phone No.
Department	Position	Name of Supervisor	Final Salary	
Dates of Employment	<input type="checkbox"/> F.T. From _____ To _____	Reason for Leaving		
	<input type="checkbox"/> P.T. From _____ To _____			
May we contact for references at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Employer		Address		Phone No.
Department	Position	Name of Supervisor	Final Salary	
Dates of Employment	<input type="checkbox"/> F.T. From _____ To _____	Reason for Leaving		
	<input type="checkbox"/> P.T. From _____ To _____			
May we contact for references at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

List All Other Previous Employment

Name of Employer	Position	Dates of Employment	
		From	To

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Clinical Areas Preferred	
1.	
2.	
3.	
Ontario Certificate of Competence Number:	Date of Last Renewal
Level of C.P.R. Certification <input type="checkbox"/> Heart Saver <input type="checkbox"/> B.C.L.S <input type="checkbox"/> A.C.L.S <input type="checkbox"/> P.A.L.S.	Date of Expiry of C.P.R. Certification

PROFESSIONAL ASSOCIATIONS

Name of Association	Registration		Registration Number
	Current	Pending	

Has your license ever been revoked/reduced/restricted or suspended? Yes No

OTHER WORK RELATED SKILLS

Describe any skills, training or experience (including volunteer work) that may relate to the position applied for.

Acknowledgment

By submitting this information, I hereby certify that all the statements made by me on this application form and/or resumé are true and complete and I understand that a misrepresentation or omission of the facts will constitute full and sufficient grounds for rejection of this application or for dismissal of employment. I understand it is the policy of Grey Bruce Health Services (GBHS) to conduct a Criminal Background Check which may preclude me from obtaining employment. In the event that GBHS further pursues my candidacy, I understand that GBHS will notify me of its intent to investigate my previous employment, educational data, references and background checks and permission is hereby given. I also understand that if employment is offered pending satisfactory completion of the background check or reference checks and if either is not satisfactory to GBHS, the employment offer will be rescinded. I understand that should I be successful in obtaining employment with GBHS, the cost of the criminal background check will be deducted from my pay, and I hereby grant permission to do so. I also understand that employment is subject to the completion of a health review.

Applicant's Signature: _____ Date: _____