

Renfrew Victoria Hospital Application for Employment

Please print all information:

Date of Application: _____

Personal Information:

NAME:	Surname:	Given:
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ADDRESS:	Number:	Street:	Town:	Province:	Postal Code:
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TELEPHONE:	() -
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Positions Applied For:

1.	2.	3.
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Date Available:	Full-Time	Part-Time	Casual
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Educational Background:

Type of School	Name & Address	From	To	Graduated Y / N	Special Courses or Designations Obtained
Secondary					
College/University					
Other					

Professional Registration

College	Registration #	Date of Most Current Registration
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Prior Work History

Position	Name & Address of Employer	From	To	Reason for Leaving

May we contact the employers listed above? If not, indicate which one(s) you do not wish us to contact.

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Skills & Abilities

Please indicate any special skills, abilities or interests that you believe would be of benefit to the position for which you are applying:

Additional Languages:	Spoken	Written	Level (Elementary, Intermediate, Advanced)

Personal Reference

Name & Occupation or Relationship to You	Address	Telephone Number

Additional Information That You Would Like Us To Know About You:

Have you read the summary of the position description for which you are applying? Yes No

Do you have any conditions that would prevent you from performing the physical demands Yes No
the position(s) for which you are applying?

Renfrew Victoria Hospital is an equal opportunity employer offering a smoke free workplace. Unsolicited applications for employment are kept on file for a period of 12 months. When all other qualifications for a position are equal, the ability to communicate in both official languages is considered an asset.

I hereby certify that the facts set forth in this employment application are true and complete. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: _____ **Date:** _____

Complete this section only when hired:

Date of Birth: Year _____ Month _____ Day _____

Marital Status: Single ____ Married ____ Divorced ____ Separated ____

Social Insurance Number: _____

Person to be contacted in case of emergency:

Name: _____ Relationship to you: _____

Telephone Number: _____

Address: _____

Starting Date: _____ Orientation Date: _____