



Career Application

PERSONAL INFORMATION

Last	First	Middle	Email			
Street Address		City	Province	Postal Code	Home Phone	Mobile Phone
Are you entitled to work in the Canada?			Are you 18 or older?		If yes, Date of Birth	

AVAILABILITY

What position are you applying for?		How did you hear about this position?			
Emergency Contact Name and Number:		Relationship to emergency Contact:			
Expected Hourly Rate \$	Expected Weekly Earnings \$		Date Available		
Availability (circle applicable)	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	
Shifts Preferred	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>		

WORK EXPERIENCE

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, Prov, Postal			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/ Job Title			
Pay			
Reason for Leaving			
May We Contact			

EDUCATION

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		

College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

VACCINATIONS

	Status	Notes
Hepatitis B Vaccine Status		
Flu Vaccine		

PROFESSIONAL REFERENCES

Full Name	Relationship	Phone Number
1		
2		
3		

QUESTIONS

Please check YES or NO to the following questions.	YES	NO
1. Do you have more than 1 year experience in the healthcare field?		
2. Do you have a valid Driver's License?		
3. Do you own a vehicle?		
4. Can you provide all current Licenses and Certifications?		
5. Are you a member of OPSWA?		

Notes

SKILLS: Please check items skilled at.

CLERICAL:		HOSPITAL FLOOR:		RETIREMENT/NURSING HOME:	
E-mar		Med/Surg		Ministry of Labour Obligations Training	
Surge		Mother/Baby		Ministry of Health/Abuse & Aggression	
Point Click Care		Neurology		Crisis Prevention Intervention Training CPI	
		Nurse Manage		Whistle Blowing	
		Oncology		WHIMIS - FIRE	

Orthopedics		Surge Training	
Rehab/Skilled		Lift Training	
Pediatric		Safety Training	
Radiology			

DISCLAIMER

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date