



North Eastman Health Association Inc.

Application For Employment

PERSONAL

Name: _____
Last Name (please print) First and Middle Names (circle name used)

Address: _____
Apt. # # Street & P.O. Box # City/Town/Community Province Postal Code

Telephone: Home () _____ Work () _____ Messages () _____

Are you applying for: Full Time Part Time Term Casual

Are you willing to work: Days Evenings Nights Weekends

Position Applied For: _____

Which Site(s) / Program(s) are you interested in?

- | | | |
|--|---|--|
| Beausejour Health Centre <input type="checkbox"/> | East-Gate Lodge <input type="checkbox"/> | KinPlace Health Complex <input type="checkbox"/> |
| Lac du Bonnet PCH / HC <input type="checkbox"/> | Pinawa Hospital <input type="checkbox"/> | Pine Falls Health Complex <input type="checkbox"/> |
| Whitemouth District Health Centre <input type="checkbox"/> | Home Care <input type="checkbox"/> | Mental Health <input type="checkbox"/> |
| Public Health <input type="checkbox"/> | Emergency Medical Services <input type="checkbox"/> | |

EDUCATION

Please circle highest level completed in each group

Grade/High School

Grade Completed 7 8 9 10 11 12 13 Diploma Yes No

College/University

Years Completed 1 2 3 4 5 6 Diploma, License, Degree or Certificate Yes No

Describe Course of Study: _____

School Name and Location: _____

Specialized Training/Certification

Years Completed 1 2 3 4 5 6 Diploma, License; Degree or Certificate Yes No

Describe Course of Study: _____

School Name and Location: _____

Company Name	From; Month/Year	To: Month/Year	Final Salary
Address City/Community Province	Describe the work you did and the position(s) you held		
Postal Code Telephone # ()			
Type of Business			
Name of Supervisor			
Company Name	From; Month/Year	To: Month/Year	Final Salary
Address City/Community Province	Describe the work you did and the position(s) you held		
Postal Code Telephone # ()			
Type of Business			
Name of Supervisor			

May we contact your current employer? Yes No

Are you legally entitled to work in Canada? Yes No

Have you ever been employed with the North Eastman Health Association Inc. or a North Eastman Facility or Service? Yes No

If yes, in what Location and Department? _____

How soon could you start work if hired? _____

If hired, do you have reliable means of transportation to get to work? _____

REFERENCES

List three (3) people who can supply information on your school and/or job performance (excluding relatives)

Name and Occupation	Address	Telephone #	Relationship

PLEASE READ CAREFULLY BEFORE SIGNING:

The information I have reported on this application form and/or the attached resume is complete and accurate. I understand that giving incomplete, inaccurate or false information can lead to my dismissal at any time. If I am hired, I agree to perform all work and services assigned to me by the North Eastman Health Association diligently, honestly and faithfully. I agree to obey all the policies and procedures of the organization that relate to my employment. I am aware that if hired, I may be dismissed without notice, or pay in lieu of notice and without just cause during my probationary period.

Specific positions with the North Eastman Health Association are subject to a Criminal Records Check and if required, may also be subject to a Child Abuse Registry Check. Costs incurred are the responsibility of the applicant.

AUTHORIZATION TO COMMUNICATE PRIVATE INFORMATION:

I have applied for employment with the North Eastman Health Association. I hereby authorize any school, former employer, private person, or other organization to provide any information it has in relation to me to the North Eastman Health Association or its representatives.

In the event that I become an employee of the North Eastman Health Association, I authorize the North Eastman Health Association to divulge any personal information in relation to me to any other company, organization, or individual which I have authorized to investigate me.

I have read the above paragraphs and fully understand this authorization and freely and voluntarily consent to the personal investigation authorized for the purposes of this application.

SIGNATURE OF APPLICANT

DATE