



APPLICATION FOR EMPLOYMENT

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|--|---|---|---|--|------------------|
| PERSONAL DATA | Position Applying for | | Today's Date (dd/mm/yyyy) | | |
| | 1 | | 2 | | |
| | Date Available (dd/mm/yyyy) | <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Casual | | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Weekends | |
| | Name (Last, First, Middle) | | | Social Insurance No. | |
| | Previous Name (If worked under a different Name. Last, First, Middle) | | Telephone - Home | | Telephone - Cell |
| | Mailing Address | | City, Town, Province | Postal Code | Telephone - Work |
| | Local Address (if different). | | City, Town, Province | Postal Code | |
| | Manitoba Health Registration Number | | If under 16, do you have a work permit or can you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Have you any disabilities or health problems affecting the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | If Yes, Explain. | | | | |
| Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Visa type and Number (attach copy) | | | |
| Have you ever been employed at Misericordia Health Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Department | Dates (dd/mm/yyyy – dd/mm/yyyy) | | |
| Have you ever applied for a position at Misericordia Health Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dates (dd/mm/yyyy) | | | |
| Name and Address of Person to Notify in Case of Emergency: | | | | | |

| | | |
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| LICENSURE | Professional / Technical / Association Registration # | Province of Registration |
| | Professional / Technical / Association Registration # | Province of Registration |
| | Professional / Technical / Association Registration # | Province of Registration |

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|--|-------------------|-----------------|--------------|------------------------|---|
| EDUCATION | | Name & Location | Major Course | Graduating Year (yyyy) | Certificate, Degree or Diploma Attained |
| | High School | | | | |
| | Trade School | | | | |
| | Business College | | | | |
| | Community College | | | | |
| | Technical | | | | |
| | School of Nursing | | | | |
| University | | | | | |
| Give Details of Other Courses you have taken. | | | | | |
| Have you attached a Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | |
|---------------|---|--------------------------------------|--------------------------------------|--|--|-------------------------------------|
| SKILLS | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Database | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Dictaphone |
| | <input type="checkbox"/> Typing WPM (Specify) | <input type="checkbox"/> Shorthand | <input type="checkbox"/> Bookkeeping | | | |
| | Please note any other job skills | | | | | |

| KNOWLEDGE OF LANGUAGES | | | | | | | |
|------------------------|-------|-------|------|-----------------|-------|------|-------|
| Language | Speak | Write | Read | Other Languages | Speak | Read | Write |
| English | | | | | | | |
| French | | | | | | | |

PRIOR WORK HISTORY

(List most recent position first, including temporary or summer work. Please complete all prior work history even if submitting a resume.)

| | | | |
|--------------------------|--------------|---------------------------------|-----------------------|
| 1 | Employer | Dates (dd/mm/yyyy – dd/mm/yyyy) | Hours Worked Per Week |
| Address (No. And Street) | | Title or Position | Salary |
| City, Town, Province | | Postal Code | Major Duties |
| Supervisor's Name | Phone Number | Department | |
| Reason For Leaving | | | |
| 2 | Employer | Dates (dd/mm/yyyy – dd/mm/yyyy) | Hours Worked Per Week |
| Address (No. And Street) | | Title or Position | Salary |
| City, Town, Province | | Postal Code | Major Duties |
| Supervisor's Name | Phone Number | Department | |
| Reason For Leaving | | | |
| 3 | Employer | Dates (dd/mm/yyyy – dd/mm/yyyy) | Hours Worked Per Week |
| Address (No. And Street) | | Title or Position | Salary |
| City, Town, Province | | Postal Code | Major Duties |
| Supervisor's Name | Phone Number | Department | |
| Reason For Leaving | | | |
| COMMENTS: | | | |

NOTE: APPLICATION RETAINED ON FILE FOR 3 MONTHS – MUST BE RENEWED AT THAT TIME

READ CAREFULLY BEFORE SIGNING

I certify that the statements made by me are correct and complete. I understand that participation in the staff benefits plans, when eligible, is a condition of employment.

I understand that MHC has policies and regulations and a Mission Statement. If I am accepted for employment I agree to abide by them at all times. I understand that MHC has policies and regulations prohibiting the disclosure of confidential information acquired through an employee's activities at the centre. I agree not to disclose any such information. I understand that if I breach any of the policies and regulations, such breach may be cause for disciplinary action including dismissal.

The personal information, which you may be requested to provide, is being collected under the authority of any applicable legislation and/ or employment procedures established by the MHC. This information is required for employment and staff benefits documentation purposes and is protected under the protection of privacy provisions of the Freedom of Information and Protection of Privacy Act as well as the Personal Health Information Act where applicable.

In accordance with the provisions of the Personal Investigations Act, I hereby authorize Misericordia Health Centre to conduct a personal investigation in connection with my applicable for employment.

Date (dd/mm/yyyy): _____ Applicant's Signature: _____

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|---|-----------------------------------|---------------------|-------------|
| APPLICANT EVALUATION (FOR DEPT. HEAD USE ONLY) | | | |
| COMMENTS: | | | |
| <input type="checkbox"/> NOT ACCEPTED | <input type="checkbox"/> ACCEPTED | JOB POSTING # | START DATE: |
| DEPARTMENT | CLASSIFICATION | | POSITION # |
| E.F.T: | SHIFT: | HRS / WEEK: | |
| GENERAL ORIENTATION DATE: | | STARTING SALARY: \$ | |
| DATE | DEPARTMENT HEAD SIGNATURE: | | |