

Perley Rideau

The Perley and Rideau Veterans' Health Centre
Le Centre de santé Perley et Rideau pour
anciens combattants
1750 Russell Ottawa Ontario K1G 5Z6

APPLICATION FOR EMPLOYMENT

POSITION

Position Applied for : _____

TYPE

- Full Time Casual on Call
 Regular Part-time Summer

Date Available: _____

HOURS PREFERRED

- Days Nights
 Evenings Weekends

PERSONAL DATA

Family Name: _____

Given Names: _____

Address: _____

City: _____

Postal Code: _____

Telephone # (Home) _____

(Cell) _____

(Work) _____

Are you over 18 years of age? Yes No

Are you legally eligible to work in Canada? Yes No

To determine your qualification for employment, please provide below and on reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

SECONDARY SCHOOL

Highest grade / level completed: _____

Type of certificate / diploma received: _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

Name & Length of course: _____

Licence, certificate or diploma awarded Yes
 No

COMMUNITY COLLEGE

Name & length of program: _____

Diploma received? Yes No

Other courses, workshops, seminars: _____

UNIVERSITY

Subject & length of course: _____

Degree awarded? Yes (Pass Honours)
 No

Licences, Certificates, Degrees: _____

MISCELLANEOUS

Were you formerly employed here? Yes No

If yes: When? _____ to _____

Are you related to anyone employed at this

Health Care Facility? Yes No

If Yes: State Name: _____ &
Department: _____

Did you complete your preceptorship at The Perley and Rideau Veterans' Health Centre? Yes No

FOR REGISTERED STAFF ONLY: Ontario Registration #: _____

EMPLOYMENT HISTORY

YOU MUST ACCOUNT FOR ALL EMPLOYMENT YOU HAVE HAD DURING THE LAST 5 YEARS

Name and Address of Present/Last Employer

Type of Business _____

Duties, Responsibilities

Present/Last Job Title _____

Period of Employment From _____ to _____

Present/Last Salary _____

Name of Supervisor _____

Telephone # _____

Reason for Leaving _____

Name and Address of Present/Last Employer

Type of Business _____

Duties, Responsibilities

Present/Last Job Title _____

Period of Employment From _____ to _____

Present/Last Salary _____

Name of Supervisor _____

Telephone # _____

Reason for Leaving _____

Name and Address of Present/Last Employer

Type of Business _____

Duties, Responsibilities

Present/Last Job Title _____

Period of Employment From _____ to _____

Present/Last Salary _____

Name of Supervisor _____

Telephone # _____

Reason for Leaving _____

DECLARATION

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature

RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

I hereby authorize **The Perley and Rideau Veterans' Health Centre** to make inquiries or release file information considered necessary to determine my suitability for employment. I hereby release **The Perley and Rideau Veterans' Health Centre** and former employers from any claim or liability for any damage whatsoever which might be claimed because of such disclosure.

Signature

Date