# APPLICATION FOR EMPLOYMENT

ST. MICHAEL'S HEALTH GROUP
7404 - 139 AVENUE
EDMONTON, ALBERTA T5C 3H7
PHONE: (780) 473 - 5621
TOLL FREE: 1 - 800 - 472 - 6169
CONF. FAX: (780) 472 - 4516
E-MAIL: hr@smhg.ca

Application No.____________

**CHECK APPLICABLE ONE (HUMAN RESOURCES):**

☐ St. Michael's Long Term Care Centre ☐ St. Michael's Manor Vegreville ☐ St. Michael's Grove Manor
☐ St. Michael's HealthCare Services ☐ Millennium Pavilion Seniors' Lodge ☐ Other________________________

## APPLICANTS ARE REQUESTED TO ENSURE THAT ALL FIELDS OF INFORMATION (ALL BLANKS) OF THIS FORM ARE COMPLETED FULLY AND ACCURATELY.

*****THIS INCLUDES CANDIDATES SUBMITTING A RESUME*****

### EMPLOYMENT INFORMATION:

POSITION(S) APPLIED FOR: (1) ________________________ (2) ________________________

TYPE OF EMPLOYMENT DESIRED: ☐ PERMANENT ☐ TEMPORARY ☐ RELIEF/CASUAL ☐ SUMMER

EMPLOYMENT STATUS PREFERRED ☐ FULL-TIME ☐ PART-TIME IF PART-TIME, STATE NO. OF SHIFTS/WEEK ________

INDICATE SHIFT(S) AVAILABLE: ☐ DAYS ☐ EVENINGS ☐ NIGHTS ☐ NO PREFERENCE

INDICATE DATE OF AVAILABILITY: ____________________ DATE OF APPLICATION: ____________________

### PERSONAL INFORMATION:

NAME: ______________________________________________
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: ______________________________ HOME PHONE: ( ) __________
STREET CITY

______________________________ BUS. PHONE: ( ) __________
PROVINCE POSTAL CODE

SOCIAL INSURANCE NUMBER: ________ - ________ - ________
REQUIRED AT TIME OF EMPLOYMENT

SPECIFY IF PREVIOUSLY EMPLOYED AT ST. MICHAEL'S: ☐ YES ☐ NO

IF YES, INDICATE POSITION(S) HELD AND DATES OF EMPLOYMENT: ______________________________

INDICATE IF YOU HAVE ANY RELATIVES EMPLOYED AT ST. MICHAEL'S: ☐ YES ☐ NO

IF YES, INDICATE RELATIVE'S NAME AND POSITION HELD: ______________________________

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA: ☐ YES ☐ NO SPECIFY WORK VISA PERMIT NO.: ________

### EDUCATION:

HIGH SCHOOL: ______________________________ HIGHEST GRADE OBTAINED: ______ YEAR OBTAINED: ______
NAME CITY/TOWN

| UNIVERSITY OR COLLEGE: | PROGRAM: | DEGREE/DIPLOMA: | STARTED: | LEFT: | COMPLETED: |
|---|---|---|---|---|---|
| ______________ | __________ | __________ | __/__/__ (D M Y) | __/__/__ (D M Y) | ☐ YES ☐ NO |
| ______________ | __________ | __________ | __/__/__ (D M Y) | __/__/__ (D M Y) | ☐ YES ☐ NO |

| NURSING, TECHNICAL/INDUSTRIAL, OR BUSINESS INSTITUTION: | PROGRAM/COURSE: | CERTIFICATE/DIPLOMA: | STARTED: | LEFT: | COMPLETED: |
|---|---|---|---|---|---|
| ______________ | __________ | __________ | __/__/__ (D M Y) | __/__/__ (D M Y) | ☐ YES ☐ NO |
| ______________ | __________ | __________ | __/__/__ (D M Y) | __/__/__ (D M Y) | ☐ YES ☐ NO |

OTHER TRAINING/SKILLS OBTAINED: ______________________________________________

**PROFESSIONAL REGISTRATION/CERTIFICATE/LICENSE:** (I.E. REGISTERED NURSE, LICENSED PRACTICAL NURSE, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, RECREATIONAL THERAPIST, PHARMACIST, DIETITIAN, X-RAY TECHNICIAN, ETC.)

PROFESSIONAL/TECHNICAL ORGANIZATION: ______________________________

REGISTRATION NUMBER: ____________________ EXPIRY DATE: ____________

REGISTRATION STATUS ☐ ACTIVE ☐ INACTIVE ☐ TEMPORARY ☐ DEFERRED/RESTRICTED

IF NOT PRESENTLY REGISTERED, ARE YOU ELIGIBLE FOR REGISTRATION IN ALBERTA? ☐ YES ☐ NO

IF NOT PRESENTLY REGISTERED, ARE YOU ELIGIBLE FOR REGISTRATION IN CANADA? ☐ YES ☐ NO

***HUMAN RESOURCES:***
*☐ VERIFIED – INIT. ________*

***DECLARATION:***

*FOR REGISTERED NURSES, LICENSED PRACTICAL NURSES, NURSING ATTENDANTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, DIETITIANS, SOCIAL WORKERS AND PHARMACISTS: I UNDERSTAND MY SALARY MAY BE BASED ON MY YEARS OF SATISFACTORY SERVICE AND I CERTIFY THIS EMPLOYMENT HISTORY TO BE TRUE AND COMPLETE.*

______________________________ ______________________________
*SIGNATURE* *DATE*

**EMPLOYMENT HISTORY:** (LIST MOST RECENT EMPLOYMENT FIRST)

1. EMPLOYER: ____________________ POSITION HELD: ____________

   ADDRESS: ____________________ START SALARY: ____________

   ____________________ FINAL SALARY: ____________

   PHONE NO.: ____________ EMPLOYMENT STATUS: ☐ F/T ☐ P/T DATES EMPLOYED: FROM ___/___/___TO___/___/___
   D M Y D M Y

   IF PART-TIME/RELIEF, SPECIFY HOURS WORKED PER WEEK: ________ REASON FOR LEAVING: ____________

   DUTIES: ______________________________

   IMMEDIATE SUPERVISOR: ____________________ TITLE: ____________
   MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

2. EMPLOYER: ____________________ POSITION HELD: ____________

   ADDRESS: ____________________ START SALARY: ____________

   ____________________ FINAL SALARY: ____________

   PHONE NO.: ____________ EMPLOYMENT STATUS: ☐ F/T ☐ P/T DATES EMPLOYED: FROM ___/___/___TO___/___/___
   D M Y D M Y

   IF PART-TIME/RELIEF, SPECIFY HOURS WORKED PER WEEK: ________ REASON FOR LEAVING: ____________

   DUTIES: ______________________________

   IMMEDIATE SUPERVISOR: ____________________ TITLE: ____________
   MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

3. EMPLOYER: ____________________ POSITION HELD: ____________

   ADDRESS: ____________________ START SALARY: ____________

   ____________________ FINAL SALARY: ____________

   PHONE NO.: ____________ EMPLOYMENT STATUS: ☐ F/T ☐ P/T DATES EMPLOYED: FROM ___/___/___TO___/___/___
   D M Y D M Y

   IF PART-TIME/RELIEF, SPECIFY HOURS WORKED PER WEEK: ________ REASON FOR LEAVING: ____________

   DUTIES: ______________________________

   IMMEDIATE SUPERVISOR: ____________________ TITLE: ____________
   MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

**EMPLOYMENT HISTORY:** (CONT'D)

4. EMPLOYER: ______ POSITION HELD: ______

ADDRESS: ______ START SALARY: ______

______ FINAL SALARY: ______

PHONE NO.: ______ EMPLOYMENT STATUS: ☐ F/T ☐ P/T DATES EMPLOYED: FROM ___/___/___TO___/___/___ (D M Y D M Y)

IF PART-TIME/RELIEF, SPECIFY HOURS WORKED PER WEEK: ______ REASON FOR LEAVING: ______

DUTIES: ______

IMMEDIATE SUPERVISOR: ______ TITLE: ______

MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

5. EMPLOYER: ______ POSITION HELD: ______

ADDRESS: ______ START SALARY: ______

______ FINAL SALARY: ______

PHONE NO.: ______ EMPLOYMENT STATUS: ☐ F/T ☐ P/T DATES EMPLOYED: FROM ___/___/___TO___/___/___ (D M Y D M Y)

IF PART-TIME/RELIEF, SPECIFY HOURS WORKED PER WEEK: ______ REASON FOR LEAVING: ______

DUTIES: ______

IMMEDIATE SUPERVISOR: ______ TITLE: ______

MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

**PRACTICUM/WORK EXPERIENCE HISTORY** *(if applicable)*:

1. COMPANY: ______ POSITION HELD: ______

ADDRESS: ______ EDUCATIONAL INSTITUTION & PROGRAM:

______ ______

PHONE NO.: ______ DATES: FROM ___/___/___TO___/___/___ (D M Y D M Y)

DUTIES: ______

INSTRUCTOR/PRECEPTOR: ______ TITLE: ______

MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

2. COMPANY: ______ POSITION HELD: ______

ADDRESS: ______ EDUCATIONAL INSTITUTION & PROGRAM:

______ ______

PHONE NO.: ______ DATES: FROM ___/___/___TO___/___/___ (D M Y D M Y)

DUTIES: ______

INSTRUCTOR/PRECEPTOR: ______ TITLE: ______

MAY WE CONTACT FOR REFERENCE: ☐ YES ☐ NO

## GENERAL INFORMATION:

DESCRIBE THE QUALIFICATIONS/ABILITIES/SKILLS YOU POSSESS WHICH WOULD BE AN ASSET IN THE POSITION(S).

ACTIVITIES:
(I.E. SPORTS, HOBBIES, ETC.)

LANGUAGES SPOKEN:

## RELATED VOLUNTEER EXPERIENCE:

ORGANIZATION:

ADDRESS:

PHONE NO.: IMMEDIATE SUPERVISOR:

HOURS WORKED WEEKLY: DATES OF SERVICE: FROM / TO /
M Y M Y

YOUR TITLE: DUTIES:

## EMPLOYMENT REFERENCES (PLEASE READ AND COMPLETE FULLY):

***I AUTHORIZE YOU TO OBTAIN REFERENCES FROM MY ☐ PAST AND ☐ PRESENT EMPLOYERS (PLEASE CHECK APPLICABLE BOXES).***

**SIGNATURE** **DATE**

**GIVE THE NAMES OF AT LEAST THREE PERSONS, PREFERABLY IMMEDIATE SUPERVISORS/MANAGERS (EXCLUDING RELATIVES).**

| NAME | OCCUPATION | TELEPHONE NO. | YEARS KNOWN |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**PLEASE INDICATE PREVIOUS SURNAME(S) UNDER WHICH YOU WERE EDUCATED/EMPLOYED:**

## *DECLARATION:* *(READ CAREFULLY BEFORE SIGNING)*

***I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR MAY RESULT IN TERMINATION OF EMPLOYMENT. I UNDERSTAND AND AGREE THAT I WILL UNDERGO A PRE-EMPLOYMENT MEDICAL ASSESSMENT, INCLUDING TB TESTING AND HEPATITIS B IMMUNIZATION, IF APPLICABLE; FUNCTIONAL CAPACITY EVALUATION, IF APPLICABLE; AND A SECURITY CLEARANCE.***

***INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE USED, AND, OR DISCLOSED FOR THE PURPOSE OF EMPLOYEE RECRUITMENT AND SELECTION.***

*SIGNATURE* *DATE*