



EMPLOYMENT APPLICATION FORM

(This form is to accompany a resume)

PERSONAL INFORMATION

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Home Address: _____		
<i>Apt. #</i>	<i>Street</i>	<i>City</i>

<i>Province</i>	<i>Country</i>	<i>Postal Code</i>
Home Phone: _____	Cell Phone Number: _____	
Email Address: _____		

GENERAL INFORMATION

Are you legally entitled to work in Canada? Yes No		
Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No		
If yes, please specify:		

How did you hear about us?		

Please list the languages in which you are fluent in reading, writing, and/or speaking:		

Professional Classification (please check): BN ___ RN ___ RPN ___ LPN ___ SW ___ Other _____		
Registration # _____	Province Issued _____	Expiration Date _____
Registration # _____	Province Issued _____	Expiration Date _____
Registration # _____	Province Issued _____	Expiration Date _____

EDUCATION AND CERTIFICATION

		Secondary School	College
Highest Grade or Level Completed			
Name of Program			
Length of Program			
Certificate or Diploma Awarded	Type: _____	Type: _____	
		University	University
University Attended			
Length of Program/ Major			
Degree Awarded	Type: _____	Type: _____	

Other courses, workshops and/or seminars attended:

EMPLOYMENT HISTORY *(Please list your previous three employers, beginning with your most current)*

Present/Last Employer: _____	Employer Address: _____
Job Title: _____	
Period Employed: From (month/yr) _____ To (month/yr) _____ EFT: _____	
Reason for Leaving: _____	
Name and Title of Immediate Supervisor: _____	
Telephone Number of Immediate Supervisor: _____	

Present/Last Employer: _____	Employer Address: _____
Job Title: _____	
Period Employed: From (month/yr) _____	To (month/yr) _____ EFT: _____
Reason for Leaving: _____	
Name and Title of Immediate Supervisor: _____	
Telephone Number of Immediate Supervisor: _____	
Present/Last Employer: _____	Employer Address: _____
Job Title: _____	
Period Employed: From (month/yr) _____	To (month/yr) _____ EFT: _____
Reason for Leaving: _____	
Name and Title of Immediate Supervisor: _____	
Telephone Number of Immediate Supervisor: _____	

WORK-RELATED REFERENCES: *(Please provide three employment references from supervisors or managers who have directly overseen your work. By providing this information, it is understood that you grant Venture Healthcare permission to contact these individuals should you be considered for employment.)*

Name of Supervisor or Manager	Employment Relationship	Organization and Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

All information provided in this form, my resume as well as presented during the interview/inquiry process is truthful to the best of my knowledge. I understand that falsification of any of this information or omission of any pertinent information may disqualify me from employment and/or will constitute grounds for dismissal. I also authorize Venture Healthcare to make such investigations and inquiries of my personal, employment, or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature: _____ Date: _____

Print Name: _____