



# EMPLOYMENT APPLICATION FORM

(This form is to accompany a resume)

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle Initial*

Home Address: \_\_\_\_\_  
*Apt. # Street City*

\_\_\_\_\_ *Province Country Postal Code*

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:		
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## 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 i.e. Supervisor/Manager. By providing this information, it is understood that you grant Venture Healthcare permission to contact these individuals should you be considered for employment.)*

Name	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: \_\_\_\_\_