



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:	_____	Alternate 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
_____	_____	_____

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: _____