

APPLICATION FOR EMPLOYMENT

NURSING APPLICANTS:

Clinical Areas Preferred	
1.	
2.	
3.	
Ontario Certificate of Competence Number:	Date of Last Renewal
Level of C.P.R. Certification <input type="checkbox"/> Heart Saver <input type="checkbox"/> B.C.L.S. <input type="checkbox"/> A.C.L.S. <input type="checkbox"/> P.A.L.S.	Date of Expiry of C.P.R. Certification

PROFESSIONAL ASSOCIATIONS

Name of Association	Registration		Registration Number
	Current	Pending	

OTHER WORK RELATED SKILLS

Describe any skills, training or experience (including volunteer work) that may relate to the position applied for.

Acknowledgment

By my signature below, I hereby certify that all the statements made by me on this application form and/or resumé are true and complete and I understand that a misrepresentation or omission of the facts will constitute full and sufficient grounds for rejection of this application or for dismissal of employment. I understand it is the policy of Grey Bruce Health Services (GBHS) to conduct a Criminal Background Check which may preclude me from obtaining employment. I also understand that if employment is offered pending satisfactory completion of the background checks or reference checks and if either is not satisfactory to GBHS, the employment offer will be rescinded. Furthermore, I understand that should I be successful in obtaining employment with GBHS, the cost of the criminal check will be deducted from my pay and I hereby grant my permission to do so. I also understand that employment is subject to the completion of a health review. Permission is hereby given to GBHS to investigate my previous employments, educational data, references and background checks.

Applicant's Signature: _____ Date: _____