



**GREY BRUCE HEALTH SERVICES
HUMAN RESOURCES DEPARTMENT**
1800 8th East, P.O. Box 1800, Owen Sound, Ontario N4K 6M9
APPLICATION FOR EMPLOYMENT

FORM MUST BE COMPLETED AND SIGNED INCLUDING EMPLOYMENT HISTORY SECTION.
APPLICATIONS ARE KEPT ON FILE FOR SIX MONTHS.

THIS APPLICATION FORM HAS BEEN REVIEWED BY THE ONTARIO HUMAN RIGHTS COMMISSION July 11, 2000.

Position Applied for		Type of Employment wanted:- <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Location of Employment Desired: <input type="checkbox"/> All sites <input type="checkbox"/> Markdale <input type="checkbox"/> Bruce Peninsula sites <input type="checkbox"/> Meaford <input type="checkbox"/> Southampton <input type="checkbox"/> Owen Sound			
Available for Shift Work If Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available		Telephone
Name _____			
Last		Given Name(s)	
Address _____			
Number and Street		Apt.	City/Town Province Postal Code
Are you eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Have you ever been convicted of a criminal offense for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION:

Education	Level Completed	Degree / Diploma Obtained
Secondary School		
Community College		
University		
Other (Specify)		

EMPLOYMENT HISTORY: List Present or Most Recent Employment First

Name of Employer	Address		Phone No.
Department	Position	Name of Supervisor	Final Salary
Dates of Employment <input type="checkbox"/> F.T. From _____ To _____ <input type="checkbox"/> P.T. From _____ To _____			Reason for Leaving
May we contact for references at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Address		Phone No.
Department	Position	Name of Supervisor	Final Salary
Dates of Employment <input type="checkbox"/> F.T. From _____ To _____ <input type="checkbox"/> P.T. From _____ To _____			Reason for Leaving
May we contact for references at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List All Other Previous Employment

Name of Employer	Position	Dates of Employment	
		From	To



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OTHER REFERENCES:

Name	Address	Telephone

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	

CLERICAL / SECRETARIAL APPLICANTS:

Typing Speed	W.P.M.	Medical terminology: <input type="checkbox"/> Yes <input type="checkbox"/> No
Skills Ability:	- Personal Computer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	- Medical Transcription:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Equipment (Specify)		



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OTHER WORK RELATED SKILLS

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

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Date: _____

Signature: _____
