

APPLICATION FOR EMPLOYMENT

PASSAMAQUODDY LODGE INC.

230 Sophia St., St. Andrews, NB E5B 2C2
Telephone (506) 529-5240 Fax (506) 529-5258

LAST NAME GIVEN NAME

STREET ADDRESS APT. NO. CITY/TOWN

PROVINCE POSTAL CODE TELEPHONE NO.

HOME:

BUS:

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THIS INSTITUTION OR ITS AFFILIATE? YES NO
IF YES, WHAT POSITION/LOCATION?

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND ABLE TO SHOW PROOF OF ELIGIBILITY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT BEEN PARDONED? YES NO

TYPE OF POSITION DESIRED

POSITION APPLIED FOR: HOW DID YOU LEARN OF THIS POSITION? DATE AVAILABLE:

FULL TIME PART-TIME
SUMMER FROM TO
OTHER FROM TO
AVAILABLE FOR SHIFTS YES NO
IF SO, DAYS EVENINGS NIGHTS
DAYS AVAILABLE S M T W T F S
HOURS AVAILABLE

IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO WORK? EXPLAIN:

ARE YOU BONDABLE (ANSWER QUESTION ONLY IF INFORMATION IS RELEVANT TO POSITION APPLIED FOR)

YES NO

EDUCATION

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	GRADE/LEVEL COMPLETED	HAVE YOU GRADUATED	CURRENTLY ENROLLED?	YEAR OF GRADUATION/ EXPECTED GRAD.	NAME OF DEGREE/ DIPLOMA/CERT.	SUBJECTS SPECIALIZED IN
HIGH SCHOOL							
COMMUNITY COLLEGE							
BUSINESS/ TRADE/ TECHNICAL SCHOOL							
UNIVERSITY							
POST GRADUATE							
CORRESPONDENCE/ SELF STUDY							

REGISTRATIONS/CERTIFICATES/LICENSES: _____
 (CIRCLE APPROPRIATE CHOICE & INDICATE NAME)

INDICATE PROVINCE: _____ NUMBER: _____ AND DATE: _____
 OF MOST RECENT REGISTRATION/CERTIFICATE/LICENSE

SPECIAL SKILLS

COMPLETE ONLY WHEN RELEVANT TO POSITION APPLIED FOR

TYPING _____ WPM _____ SHORTHAND _____ WPM _____

OFFICE MACHINES _____ SPECIFY _____

SOFTWARE _____ SPECIFY _____

LANGUAGE SKILLS: ENGLISH FRENCH OTHER (SPECIFY)

SPEAK	_____	_____	_____
WRITE	_____	_____	_____
READ	_____	_____	_____

NURSING EDUCATION

BSN _____ RN _____ RNA _____ HCA _____ CHA _____ OTHER _____

AREA OF SPECIALITY _____

CURRENT REGISTRATION NO. OF COMPETENCE/LOCATION _____

RELEVANT NURSING COURSES OTHER THAN THOSE INDICATED ABOVE

We require a copy of your current registration

OBTAINED _____ NOT OBTAINED _____ BASIC CARDIAC LIFE SUPPORT YES _____ NO _____

REFERENCES

NAME 3 PERSONS WHO CAN SUPPLY INFORMATION PERTINENT TO YOUR JOB PERFORMANCE. (NAME, ADDRESS AND TELEPHONE #).

- 1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

RESUME ATTACHED _____ OTHER SUPPLEMENTARY INFORMATION ATTACHED _____

PLEASE LIST YOUR MOST RECENT PLACE OF EMPLOYMENT AND CONTINUE IN SEQUENCE

Table with 3 columns: NAME & ADDRESS OF EMPLOYER, DATES (FROM/TO), SUPERVISOR'S NAME. It contains three rows for listing employment history.

The facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for discharge and/or legal action. I agree and understand that I must satisfactorily complete a probationary period. I agree that I will submit to a physical examination as required and I will comply will all practice and policies governing employees of this facility I agree to not disclose or use, without proper authorization, either during, or subsequent to my employment with this facility, any private or confidential information about the organization, its clients or staff members of which I become aware through my employment with this organization.

DATE OF APPLICATION: _____ SIGNATURE: _____

