



This form must be completed by all external applicants wishing to apply for vacancies at Grace Hospital. Please read the form carefully and provide the requested information as clearly as possible. All applicants competing for positions requiring typing/other tests must successfully complete/pass said test(s).

POSITION APPLIED FOR: _____ VACANCY POSTING # (if applicable) _____

SHIFT WILLING TO WORK:

- DAYS
- WEEKEND DAYS
- EVENINGS
- WEEKEND EVENINGS
- NIGHTS
- WEEKEND NIGHTS

TYPE OF EMPLOYMENT DESIRED:

- PERMANENT
- TEMPORARY
- CASUAL

HOW DID YOU HEAR ABOUT THE VACANCY?

- FULL-TIME
- PART-TIME
- PROFESSIONAL JOURNAL (S)
- WORD-OF-MOUTH
- CAREER SYMPOSIUM
- NEWSPAPER
- POSTING

DATE AVAILABLE FOR WORK: _____

PERSONAL INFORMATION

FULL NAME	MR. MS	PREVIOUS NAME:
ADDRESS		Are you legally entitled to work in Canada? YES NO
CITY / PROVINCE		Social Insurance #: _____
POSTAL CODE		NOTIFY IN CASE OF ACCIDENT:
TELEPHONE (H)		NAME: _____
TELEPHONE (W)		ADDRESS: _____
		PHONE: H _____ W _____
		RELATIONSHIP: _____

RESUME ATTACHED: YES NO (Please attach your resume if you have one available.)

HAVE YOU PREVIOUSLY WORKED AT THE GRACE HOSPITAL? YES NO YEAR _____

EDUCATIONAL BACKGROUND

INSTITUTION ATTENDED	NAME OF INSTITUTION	GRADE, DEGREE, DIPLOMA OR CERTIFICATE COMPLETED AND DATE	AREA OF STUDY
SECONDARY SCHOOL			
COMMUNITY COLLEGE			
UNIVERSITY			
POST GRADUATE			
OTHER			

CURRENT PROFESSIONAL REGISTRATION

TYPE OF REGISTRATION AND EXPIRY: (Nursing, Pharmacy, etc.)			
REGISTRATION #		PROVINCE REGISTERED IN:	

EMPLOYMENT HISTORY

PLEASE LIST IN ORDER BEGINNING WITH PRESENT (OR LAST) POSITION FIRST.

EMPLOYER NAME AND ADDRESS	DATES FROM-TO:	POSITION	SUPERVISOR NAME AND PHONE
1			
2			
3			
IF YOU WOULD BE WILLING TO SERVE AS A LANGUAGE INTERPRETER PLEASE INDICATE YOUR LANGUAGE SKILLS	SPOKEN		WRITTEN

SKILLS AND ABILITIES (PLEASE LIST YOUR SKILLS AND ABILITIES RELEVANT TO THE TYPE OF WORK YOU SEEK.)

GRACE HOSPITAL STATEMENT

I understand that continuing employment at Grace Hospital is conditional upon an approved medical examination and upon eligibility, participation in Hospital Benefit Plans and payment of union dues, where applicable.

I understand that the Hospital has policies and regulations and a Mission Statement. If I am accepted for employment I agree to abide by them at all times. Specifically, I understand that the Hospital has policies and regulations prohibiting the disclosure of confidential information acquired through an employee's activities at the Hospital. I agree to not disclose any such information. I understand that if I breach any of the policies and regulations, such breach may be cause for disciplinary action including dismissal.

The personal information which you may be requested to provide is being collected under the authority of the *Income Tax Act*, the *Citizenship Act*, the *Employment Insurance Act*, *The Employment Standards Code*, and *The Pension Benefits Act* or any other applicable legislation and/or employment procedures as established by The Salvation Army Grace Hospital such as staff benefits, emergency contacts, and parking. In addition, announcements about your position and/or promotion may be shared within the organization and the community unless you advise that you do not want such information disclosed. This information is required for employment and staff benefits documentation purposes and is protected under the protection of privacy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) (as well as The Personal Health Information Act (PHIA) where applicable). If you have any questions about the collection of personal information, please contact the Human Resource Officer, or designate.

I certify that the statements made in the foregoing application are correct and I understand that any information found on this form to be false or relevant information omitted may be cause for dismissal.

I also hereby authorize Grace Hospital or its designate(s) to contact my previous and present employer(s) for verification of references.

DATE

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY - TO BE COMPLETED BY HIRING MANAGER OR DEPARTMENT HEAD

Interviewed By:		Status: (circle)	Full Time	Part Time	Casual
Date Interviewed:		Term Dates (from-to):			
References Checked By:		EFT:			
Start Date:		Float Position: (circle)	Hospital Float	Ward Float	
Department Name:		Salary / Hourly Rate/ Step :			
Department #:		Academic Allowance:			
Position Number:		Sort Code:			
Labour Class and Code:					
Comments	Authorization: _____ Signature of Department Head / Manager / Supervisor				