



Thunder Bay Regional Health Sciences Centre Application for Employment

Human Resources Department
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Candidates should clearly demonstrate their qualifications and related experience since selection for interviews will be based on the information provided.

Date: _____

Position applying for: _____ Posting Reference #: _____

Date available for work: _____

Please indicate how you became aware of this position: _____

PERSONAL DATA:

NAME: _____ PHONE #: _____

ADDRESS: _____ POSTAL CODE: _____

CITY: _____ PROVINCE: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO

To determine your qualifications for employment, please provide, below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history.

EDUCATION

ELEMENTARY SCHOOL - Grade completed

HIGH SCHOOL - Highest Grade or level completed

COLLEGE OR UNIVERSITY - Name of degree/diploma

OTHER COURSES, WORKSHOPS, SEMINARS,

HR-14

WORK RELATED SKILLS

TBRHSC is designated for the provision of Health Care Services in French and encourages all current and potential team members to identify their ability to communicate in French.

Can you communicate in French, at any level?

Describe any of your work related skills, experience, or training that relate to the position being applied for:

NAME & ADDRESS OF PRESENT/LAST EMPLOYER:
PRESENT/LAST JOB TITLE:

NAME OF SUPERVISOR:

TELEPHONE: _____ **TYPE OF BUSINESS:** _____

REASON FOR LEAVING:

PERIOD OF EMPLOYMENT: FROM _____ **TO:** _____

DUTIES/RESPONSIBILITIES:

NAME & ADDRESS OF PREVIOUS EMPLOYER: **PREVIOUS JOB TITLE:**

NAME OF SUPERVISOR:

TELEPHONE: _____ **TYPE OF BUSINESS:** _____

REASON FOR LEAVING:

PERIOD OF EMPLOYMENT: FROM _____ **TO:** _____

DUTIES/RESPONSIBILITIES:



TO BE COMPLETED BY APPLICANTS APPLYING FOR NURSING POSITIONS

**NURSING OR PRACTICAL NURSING TRAINING ACQUIRED AT:
NAME OF SUPERVISOR/PRECEPTOR:**

LOCATION/DEPARTMENT: _____ **CONTACT #:**

DATE OF GRADUATION: _____ **REGISTRATION #:**
PROVINCE:

PLEASE INDICATE IN ORDER OF PREFERENCE, SERVICES PREFERRED

MEDICAL ()	SURGICAL ()	OPERATING ROOM ()
PAEDIATRICS ()	MENTAL HEALTH ()	I.C.U. ()
EMERGENCY ()	OBSTETRICS ()	NEUROSURGICAL ()
HEMODIALYSIS ()	PERITONEAL DIALYSIS ()	ONCOLOGY ()
AMBULATORY CARE ()	CARDIOLOGY ()	CANCER CENTRE ()

Have you taken post graduate courses in specialized areas?

If so, please list certificates and dates received:

FOR EMPLOYMENT REFERENCES, MAY WE APPROACH:

YOUR PRESENT/LAST EMPLOYER: ___ yes ___ no

YOUR FORMER EMPLOYER(S): ___ yes ___ no

YOUR PRECEPTOR (Nurses Only) ___ yes ___ no

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. I, the undersigned also agree, that no liability or damage shall accrue to my present/previous employer as a consequence of them releasing information about my past and or present employment history.

Have you attached additional sheets: # _____ *describe attachments; resume (), Other ()

SIGNATURE

DATE

FOR HOSPITAL USE ONLY

REFERENCE CHECK QUESTIONNAIRE

Name of Employee: _____

Company: _____

Contact Person: _____

Employment Dates: _____

Position Held: _____

Duties: _____

Please check one (✓)

	POOR	FAIR	GOOD	EXCELLENT
Job Performance				
Quality of Work				
Quantity of Work				
Attendance				
Attitude				

Would you rehire: YES () NO ()

Why did she/he leave your company? _____

Is there anything else that you could disclose about this individual that would help us in making our decision?

Comments: _____

HIRE: YES () NO ()

Manager's Signature

Date