

APPLICATION FOR EMPLOYMENT

Please complete in full all applicable sections

TYPE OF WORK DESIRED:

RESUME ATTACHED

Please indicate the positions you wish to apply for:

1.	AVAILABLE TO START: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> SUMMER
2.	HOURS AVAILABLE:
3.	AVAILABLE FOR WEEKENDS: <input type="checkbox"/> YES <input type="checkbox"/> NO
4.	AVAILABLE FOR SHIFTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL DATA:

Last Name:	Given Name(s):
Address:	
Postal Code:	
Telephone #:	Cell #: <small>(Messages, etc.)</small>
Email:	
Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offence for which you have not been pardoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION: You may include any other pertinent educational information in the space provided on the back.

SECONDARY SCHOOL

Highest grade or level completed	Certificate or Diploma Obtained
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POST SECONDARY EDUCATION

Name of Institution	Course/Program	No. of Years	Degree or Diploma Awarded

BUSINESS, TRADE OR TECHNICAL SCHOOL

Name of Institution	Course/Program	No. of Years	Certificate or Diploma Awarded

LICENCES AND REGISTRATIONS

Type	Date of Most Recent Registration	Valid in Ontario
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: In order to be credited with educational or professional qualifications, evidence of such qualifications must be provided.

SKILLS: Please check appropriate boxes.

<input type="checkbox"/> Computer Experience	<input type="checkbox"/> Keyboarding /wpm	<input type="checkbox"/> Bookkeeping
Hardware/Software:	<input type="checkbox"/> Transcription /wpm	<input type="checkbox"/> Switchboard Experience
	<input type="checkbox"/> Data Entry /ks	<input type="checkbox"/> Payroll Experience
	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Filing Experience
<input type="checkbox"/> C.P.R. Last Certified:	<input type="checkbox"/> First Aid Last Certified:	<input type="checkbox"/> B.C.L.S. Last Certified:

Indicate any other skills, qualifications or experience (other than employment) which you feel would especially relate to the position(s) to which you have applied.

EMPLOYMENT: List present or most recent position first.

Name and Address of present/last employer	Present/Last job title:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	Period of Employment (month and year)	Present/Last Salary
	From: To:	
	Name of Supervisor:	Tel #:
Type of Business	Reason for leaving:	

Functions/Responsibilities:

Name and Address of present/last employer	Present/Last job title:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	Period of Employment (month and year)	Present/Last Salary
	From: To:	
	Name of Supervisor:	Tel #:
Type of Business	Reason for leaving:	

Functions/Responsibilities:

Name and Address of present/last employer	Present/Last job title:	<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	Period of Employment (month and year)	Present/Last Salary
	From: To:	
	Name of Supervisor:	Tel #:
Type of Business	Reason for leaving:	

Functions/Responsibilities:

GENERAL:

Have you ever been employed at London Health Sciences Centre? Yes No

From:	To:	Job Title:	Department:	Hospital Site:
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Have you ever been a volunteer at London Health Sciences Centre? Yes No

From:	To:	Job Title:	Department:	Hospital Site:
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Are you related to anyone presently employed by London Health Sciences Centre? Yes No

Name:	Relationship:	Department:
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List any courses, seminars, workshops attended: *(You may use the space provided on the back, if necessary.)*

Describe briefly your interest in and reason for job choice, career goals and career interests.

DECLARATION:

1. I understand that any offer of employment would be conditional upon:
 - a) my providing proof satisfactory to the Hospital that I am legally entitled to accept employment in Canada.
 - b) the recommendation of the Physician in charge of the Occupational Health Services and my undergoing routine chest X-rays, T.B. Tests, periodic health reviews and other medical examinations that may be required by the Hospital.
 - c) my presenting proof of age.
 - d) my photograph being taken for identification purposes.
2. I understand that if accepted for employment, I agree to comply with the conditions of employment and the policies of the Hospital.
3. I understand that all inventions resulting from my employment and use of London Health Sciences Centre facilities which I may invent, discover, develop, improve or control shall become the exclusive property of London Health Sciences Centre.
4. I understand that if any of the statements made by me on this or any other document are untrue or misleading, this application may be rejected or my employment with the Hospital terminated.
5. I will not disclose or use, during or subsequent to my employment with London Health Sciences Centre, any information (written, verbal, electronic, or any other form) relating to patients, employees, or Hospital business, except as permitted in Hospital and/or departmental policies governing the release of information.

SIGNATURE:

DATE:

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I understand and agree that LONDON HEALTH SCIENCES CENTRE will request information from my present/previous employers and/or academic records. I authorize my present/previous employers and/or educational institutions to release all information as requested.

I also agree that no liability or damage shall accrue to my present/previous employers and/or educational institutions as a consequence of their releasing such information.

SIGNATURE:

DATE:

