



APPLICATION FOR EMPLOYMENT

Human Resources Department

455 Fairford St. E., Moose Jaw, SK S6H 1H3

Tel: (306) 694-0387 • Fax: (306) 694-0388

Job Information Line: (306) 694-0369 • Web: www.fhhr.ca • Email: jobs@fhhr.ca

DATE _____ AVAILABLE START DATE _____

POSITIONS APPLIED FOR _____

NURSING APPLICANTS – STATE CLINICAL PREFERENCE _____

AVAILABLE TO WORK AT:

<input type="checkbox"/> ASSINIBOIA	<input type="checkbox"/> KINCAID	<input type="checkbox"/> MOSSBANK
<input type="checkbox"/> CENTRAL BUTTE	<input type="checkbox"/> LAFLECHE	<input type="checkbox"/> ROCKGLEN
<input type="checkbox"/> CRAIK	<input type="checkbox"/> MOOSE JAW	<input type="checkbox"/> WILLOW BUNCH
<input type="checkbox"/> GRAVELBOURG		

TYPE OF WORK DESIRED

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> CASUAL
<input type="checkbox"/> SUMMER			

PERSONAL

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address (including postal code):

Permanent Address (if different from above):

Telephone(s): Home: _____ Business: _____ Other: _____

Email Address: _____ Fax No.: _____

Have you ever been employed by Five Hills Health Region or an affiliated organization - Providence Place or St. Joseph's?
 Yes No

If yes, name facility or service _____ Dates of Employment _____

Are you at least 16 years of age? Yes No Are you legally eligible to work in Canada? Yes No

FORMAL EDUCATION

NAME OF EDUCATION INSTITUTION	LOCATION	DEGREE/DIPLOMA/GRADE	DATE COMPLETED

CERTIFICATION (for all certified professionals)

Please indicate the profession for which you are qualified (i.e. – Registered Nurse, Respiratory Therapist)

Are you currently registered to work in Saskatchewan? Yes No If yes, Sask. Registration #: _____

Have you ever been licensed with another professional association? Yes No

If yes, list the name of association and location _____

LIST OTHER CERTIFICATES HELD BELOW

CERTIFICATE #

Has your licence ever been suspended or revoked? Yes No

If yes, please list the licensing body, location and the year of the suspension/revocation.

Has any disciplinary action been taken against you by a professional association? Yes No

If yes, you may be asked to provide documentation of any disciplinary action.

EMPLOYMENT HISTORY

CURRENT EMPLOYER (or most recent if not currently employed)

NAME OF ORGANIZATION _____

ADDRESS _____

POSITION HELD _____ From _____ / _____ To _____ / _____
Month Year Month Year

EMPLOYMENT STATUS (check the applicable box) Full-time Part-time Casual Relief Temporary

NAME AND POSITION OF IMMEDIATE SUPERVISOR: _____

Telephone: _____

DESCRIPTION OF DUTIES:

REASON FOR LEAVING _____

EMPLOYMENT HISTORY, cont

2nd LAST EMPLOYER

NAME OF ORGANIZATION _____

ADDRESS _____

POSITION HELD _____ From _____ / _____ To _____ / _____
Month Year Month Year

EMPLOYMENT STATUS (check the applicable box) Full-time Part-time Casual Relief Temporary

NAME AND POSITION OF IMMEDIATE SUPERVISOR: _____ Telephone: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING _____

3rd LAST EMPLOYER

NAME OF ORGANIZATION _____

ADDRESS _____

POSITION HELD _____ From _____ / _____ To _____ / _____
Month Year Month Year

EMPLOYMENT STATUS (check the applicable box) Full-time Part-time Casual Relief Temporary

NAME AND POSITION OF IMMEDIATE SUPERVISOR: _____ Telephone: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING _____

May we contact any or all of the supervisors / employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact:

REFERENCE INFORMATION

CURRENTLY WORKING YES NO

List three persons who are in a position to judge your ability to perform the work you are applying for, preferably direct supervisors. (Do not list relatives)

Do you require notice prior to contact of reference(s)? Yes No

NAME & ADDRESS	OCCUPATION	RELATIONSHIP	TELEPHONE

RELEASE OF INFORMATION FOR THE PURPOSE OF A REFERENCE CHECK

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THIS AS YOUR FULL AND SUFFICIENT AUTHORITY TO RELEASE TO THE FIVE HILLS HEALTH REGION INFORMATION PERTAINING TO MY WORK HISTORY AND PERFORMANCE WHILE EMPLOYED BY YOU. A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

DATE: _____ NAME: (Please print) _____

SIGNATURE: _____

IF EMPLOYED UNDER DIFFERENT NAME PLEASE PRINT OTHER NAME(S): _____

DECLARATION RE: FITNESS TO WORK

Each employee has a legislated responsibility to “take reasonable care to protect his or her health and safety and the health and safety of other workers.” (OH&S Act – section 4) . Employees also have a responsibility to ensure patient safety.

Do you have a disability that may interfere with your ability to perform the job for which you applied? No Yes

If “yes”, what functions can you not perform and what accommodations could be made which would allow you to do the work adequately?

SELF-IDENTIFICATION DECLARATION (VOLUNTARY)

The Five Hills Health Region is committed to working toward a Representative Workforce which ensures that all members of society have fair and equal access to employment opportunities and where the workforce accurately reflects the community of Saskatchewan’s working population. **All new health region employees are given and encouraged to complete a self-identification declaration form when hired. (*Saskatchewan Human Rights Code Exemption #E03-13.*)** The information contained in the declaration is confidential and is forwarded directly to the Five Hills Health Region Representative Workforce Coordinator for statistical and program development purposes.

CRIMINAL RECORD CHECK

A criminal record check is required prior to being offered a position with Five Hills Health Region. It is not necessary to return a completed form with this application; however, a valid (within the past six (6) months) criminal record check must be presented before an offer of employment is made. A photocopy will **not** be accepted.

A criminal record will not automatically result in your application for employment being denied. Your record will be discussed with you if it is relevant to the position for which you are applying.

STATEMENT BY APPLICANT

1. I certify that the facts set forth in this employment application are complete and true. I understand that if I am employed, false statements, misrepresentations or omissions on this application shall be considered sufficient cause for dismissal.
2. I give permission to Five Hills Health Region to obtain information regarding my previous employment or educational background.
3. I understand that I am required to complete and return a valid criminal record check prior to being offered a position with Five Hills Health Region.

Signature of Applicant: _____ Date: _____