

Application for Employment

Date:	Position(s) Applied For
Type of Work Desired <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual	
Are you willing to work shift work? <input type="radio"/> Yes <input type="radio"/> No	

PERSONAL			
Name: Last		First	
Present Mailing Address Home Phone #:			
Named used if previously employed under different name			
Presently Employed? <input type="radio"/> Yes <input type="radio"/> No	May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No	Date Available	Have you worked here before? <input type="radio"/> Yes <input type="radio"/> No
Are you legally entitled to work in Canada?		<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of a criminal offence for which a pardon has not been granted?		<input type="radio"/> Yes	<input type="radio"/> No

EDUCATION
Highest level of education completed:
Name of Institution:
Name of Program:
Length of Program:
Type of Certificate, Diploma, or Degree obtained
Other Certificates obtained
Other Courses, Workshops, Seminars
Work-Related Skills

EMPLOYMENT HISTORY		
<i>Begin with your most recent employment history and work back through three jobs.</i>		
Name of Organization		
Address: Street	City	Prov
Postal Code	Phone Number	

Position Held:		
Duration (months & years) from		to
Name and Position of Immediate Supervisor		
Phone:		
Describe Your Duties		
May contact as a reference?	<input type="radio"/> Yes	<input type="radio"/> No
Name of Organization		
Address: Street	City	Prov
Postal Code	Phone Number	
Position Held:		
Duration (months & years) from		to
Name and Position of Immediate Supervisor		
Phone		
Describe Your Duties		
May contact as a reference?	<input type="radio"/> Yes	<input type="radio"/> No
Name of Organization		
Address: Street	City	Prov
Postal Code	Phone Number	
Position Held:		
Duration (months & years) from		to
Name and Position of Immediate Supervisor		
Phone:		
Describe Your Duties		
May contact as a reference?	<input type="radio"/> Yes	<input type="radio"/> No

Applicant's signature

Date

**Drop off at Atikokan General Hospital Business Office or mail to:
 Atikokan General Hospital
 120 Dorothy Street
 Atikokan, Ontario P0T 1C0
 E-mail: canoe@aghospital.on.ca**