



RIVERSIDE HEALTH CARE FACILITIES INC.

APPLICATION FOR EMPLOYMENT

Please indicate which facility you are applying to:

La Verendrye Hospital
110 Victoria Avenue
Fort Frances, ON P9A 2B7
(807) 274-4801

Rainycrest Long-Term Care Facility
550 Osborne Street
Fort Frances, ON P9A 3T2
(807) 274-9858

Emo Health Centre
260 Front Street
Emo, ON POW 1E0
(807)482-2881

La Verendrye Non-Profit Supportive Housing
532 Front Street
Fort Frances, ON P9A 1A2
(807) 274-2606

Rainy River Health Centre
113 Fourth Street
Rainy River, ON POW 1L0
(807) 852-3232

“Connecting Communities – Committed to Caring”

Every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offenses, marital status, family status or disability.

THE HUMAN RIGHTS CODE, 2006

The completion of this form merits your careful attention. Detailed information concerning your training and experience is essential to ensure that your application receives full consideration.

1. PERSONAL DATA

Name: _____
Surname First Middle Other name(s) under which you have been employed

Address _____ Phone numbers _____

_____ Home _____ Work _____
Postal Code _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years of age or older? Yes No

2. POSITION APPLIED FOR

Please state position title and department

1st Choice _____

2nd Choice _____

Do you wish to work (please check appropriate choice(s))

Full-time Part-time Casual

If part-time or casual; specify days and hours preferred (if applicable)

If your application is accepted, on what date will you be available for work? _____

Describe why you are interested in this type of employment with us

To determine your qualifications for employment, please provide information related to your academic and other achievements (including volunteer work) as well as all employment history. Additional information may be attached on a separate sheet.

3. EDUCATION, TRAINING AND SPECIAL SKILLS

Type of School	Name & Location	Did you graduate?	Grade Average	Major/Minor
High School		{ } Yes { } No		
Trade School		{ } Yes { } No		
College/University		{ } Yes { } No		
Graduate School		{ } Yes { } No		
Military or other		{ } Yes { } No		
Most recent seminars/classes				
Professional license or Certification				
Software or Equipment				

4. EMPLOYMENT *(List employment history, starting with most recent employment)*

Employer		Phone # ()
Address		Start Date (month/year)
		End Date (month/year)
Supervisor Name & Phone Number		Starting Salary Ending Salary
May we contact this employer? { } Yes { } No		
Title or Position		
Duties and Responsibilities		
Reasons for leaving		

Employer		Phone # ()
Address		Start Date (month/year)
		End Date (month/year)
Supervisor Name & Phone Number		Starting Salary Ending Salary
May we contact this employer? { } Yes { } No		
Title or Position		
Duties and Responsibilities:		
Reason for leaving		

Employment History Continued

Employer		Phone # ()
Address		Start Date (month/year)
		End Date (month/year)
Supervisor Name & Phone Number		Starting Salary Ending Salary
May we contact this employer? { } Yes { } No		
Title or Position		
Duties and Responsibilities:		
Reason for leaving		

Please list work related references:

Name	Address	Phone Number	Occupation

Important, please read carefully and sign

I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed, grounds for termination.

I authorize Riverside Health Care Facilities Inc to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you.

I authorize Riverside Health Care Facilities Inc to obtain references from any, or all of my previous employers in connection with my application for employment.

Signature

Date