

APPLICATION FOR EMPLOYMENT

Human Resources
4612 53 Street
Camrose AB T4V 1Y6

Telephone: 780.679.2024
Fax: 780.679.2001

PERSONAL DATA (please print)			
LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	PROVINCE	POSTAL CODE
	HOME TELEPHONE	WORK TELEPHONE	E-MAIL ADDRESS
POSITION			
POSITION APPLIED FOR:		COMPETITION NUMBER	
SITE		DATE OF AVAILABILITY	
BACKGROUND			
EDUCATION LEVEL	SCHOOL NAME	HIGHEST GRADE, DIPLOMA OR DEGREE AWARDED	YEAR COMPLETED
HIGH SCHOOL			
POST SECONDARY EDUCATION (COLLEGE / TECHNICAL TRAINING)			
UNIVERSITY			
OTHER RELATED EDUCATION / TRAINING			
Are you currently registered with a Professional Association? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes, please complete this section) Association: _____ Certificate Number: _____ Province: _____			
Do you have a current Alberta Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you fluent with the English Language? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you fluent in other languages? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", please list: _____		Have you ever been employed with a Health Care Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list site(s)) _____	
Are you available to work: Yes No Shift Work <input type="checkbox"/> <input type="checkbox"/> Weekends <input type="checkbox"/> <input type="checkbox"/> Statutory Holidays <input type="checkbox"/> <input type="checkbox"/>		Please indicate the type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	
Comments: _____ _____			

PREVIOUS EMPLOYMENT (please start with most recent)

COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – Name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)

COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – Name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)

COMMENTS:

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Please attach any documentation or information to further support your application (i.e. resume or letters of reference)

Resume attached

Yes No

APPLICANT DECLARATION

- I understand that I must provide reference information upon request.
- I understand that a Criminal Record Check is a pre-employment requirement with The Bethany Group
- I declare that all documentation provided with my application including subsequent written or verbal information is true and complete. I understand that any misrepresentation or omission of fact may disqualify my application or be cause for immediate termination post hire.
- I understand and agree that should employment be offered, I may be required to pass a function analysis to ensure I am physically and/or mentally able to perform the duties of the job.

DATE _____

SIGNATURE _____

To Find Out More About Career Opportunities Available
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