

General Application

IV. Previous Employment (Account for all periods since leaving school, commencing with most recent period of employment.)

| Employer | Full Address | Position Held | Date Started | Date Finished | Reason for Leaving |
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V. References (Former Employers, Clergy, Teachers or your supervisor in a volunteer program – **PLEASE INCLUDE YOUR MOST RECENT EMPLOYER AND SUPERVISOR(S).**)

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|-----------------------|-----------------------|
| 1. Name _____ | 2. Name _____ |
| Mailing Address _____ | Mailing Address _____ |
| _____ | _____ |
| Position _____ | Position _____ |
| Phone No. _____ | Phone No. _____ |

VI. In case of Professional Staff (Important: Attach Proof of registration)

Registration Number _____ Professional Association _____

VII. Use this space for any additional information in connection with your application.

I declare that the information provided by me to the foregoing questions and statements are true and correct. I agree that the Western Regional Integrated Health Authority shall not be liable if my employment is terminated because of any false statement, answer, or omission made by me on this application form. I agree to submit to a medical examination, if hired. I also authorize all organizations, schools or persons to release any information they may have concerning me and hereby release such organizations, schools or persons from all liability that may result from such inquiries.

Date: _____ Signature: _____