WESTERN HEALTH

Human Resources Department Employee Relations

P.O. Box 2005, Corner Brook, NL A2H 6J7 Tel. (709) 637-5367 Fax: (709) 637-5456

Application for Employment

Please indicate the site(s) for which you are apple	lying:					
Bay St. George Long Term Care Centre Bonne Bay Health Centre Calder Health Centre Corner Brook Interfaith Home for Senie Dr. Charles L. LeGrow Health Centre	Rufus Guir Sir Thomas	nell Centre achard Health Cer s Roddick Hospita emorial Regional	ıl			
(Please Print)						
I. Surname	First Name	First Name Initial				
Address# Street City/To	wn Province/State/Country	Postal Cod	le/Zip Code			
Telephone No	win Trovince/State/Country	1 ostar coc	e, zip code			
Are you over the age of 16 years? Yes No	o Are you legally entitled to wo					
II. In case of illness, please notify: Name						
Address	ess Telephone No					
III. Education (Important: Attach copies of edu	·	Certificate	 Date			
Name of School	Address	ress Certificate Date Obtained				
Are you studying now? What co	ourse and where?					
Do you expect to take further courses?						
State position or type of employment desired						
Permanent Temporary	Vacation Relief	Casua	1			
Date Available Hav	ve you ever been employed by this Heal	Ith Authority?				
If Yes, Site	Dates employed					
Has your name changed?	Previous name					

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
			<u> </u>		<u> </u>
	Employers, Clergy, Teachers or OST RECENT EMPLOYER AND			nteer progra	m – PLEAS
			, , ,		
		2. Name			
Mailing Address _		Mailing Add	ress		
Position		Position			
Phone No.		Phone No			
I In case of Professional	Staff (Important: Attach Proof of re	egistration)			
i. In case of Froressionar	Starr (Important: Attach Froot of re	gistration)			
egistration Number	Profession	nal Association _			
II Use this space for any	additional information in connection	with your applic	ration		
ii. Ose this space for any	additional information in connection	with your applic	ation.		
declare that the information j	provided by me to the foregoing question	ns and statements a	are true and co	orrect. I agree	that the West
mission made by me on th	uthority shall not be liable if my employ is application form. I agree to subm	it to a medical e	xamination,	if hired. I a	lso authorize
ganizations, schools or pers	ons to release any information they ma bility that may result from such inquiries	y have concerning	me and here	eby release su	ch organization
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