



MARIANHILL

Application for Employment

Resume Attached Yes
 No

Mission Statement

Inspired by the healing ministry of Jesus Christ and the life of St. Marguerite D'Youville, Marianhill provides love and compassionate care in the Catholic tradition to older adults within their homes, the community and Marianhill.

MARIANHILL APPLICATION FOR EMPLOYMENT

(please print clearly)

Date of Application: _____

Position Desired: _____ Full-time or Part-time

Date Available to Start: _____

PERSONAL DATA

Name: _____
(SURNAME) (FIRST NAME) (INITIALS)

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Are you legally entitled to work in Canada? YES or NO

EDUCATION

	Secondary School	College or University	Post Graduate
Year Last Attended			
Level Completed	9 10 11 12 13	1 2 3 4 5	1 2 3 4 5
Certificates, Diplomas or Degrees Obtained			
Course of Study			
List any Specialized Training, Awards or Designations			
<i>Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.</i>			

WORK HISTORY

Present or Last Employer	Address		
Type of Business			
Your Job Title	Period Employed	From (Mo/Yr) To (Mo/Yr)	Final Salary
Name or Title of Immediate Supervisor		Reason for Leaving	
Describe your duties and responsibilities.			
Previous Employer	Address		

Type of Business			
Your Job Title	Period Employed	From (Mo/Yr) To (Mo/Yr)	Final Salary
Name or Title of Immediate Supervisor		Reason for Leaving	
Describe your duties and responsibilities.			
Previous Employer		Address	
Type of Business			
Your Job Title	Period Employed	From (Mo/Yr) To (Mo/Yr)	Final Salary
Name or Title of Immediate Supervisor		Reason for Leaving	
Describe your duties and responsibilities.			

REGISTERED NURSES AND REGISTERED PRACTICAL NURSES ARE TO COMPLETE THIS SECTION: (OR GRADUATES PENDING GRADUATION)

Basic Nursing Education Received at: _____ YR: _____
 Address of Institution: _____ Phone No.: _____
 Post Graduate Education Received at: _____ YR: _____
 Address of Institution: _____ Phone No.: _____
 Current CNO Registration Number: _____

PERSONAL STATEMENT:

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of Marianhill, including serving an initial probationary period.

Signature of Applicant

Date

OFFICE USE ONLY

Date Received: _____

Date Acknowledged: _____

Notes: _____
