



Covenant Health
St. Joseph's Edmonton

10707-29 Avenue

Edmonton, Alberta T6J 6W1

Phone: (780) 430-9110 • Fax: (780) 430-9777

Website: www.stjosephs.ab.ca

Application for Employment

Compassionate care led by Catholic values.

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY, WRITE CLEARLY & ANSWER ALL QUESTIONS COMPLETELY.

POSITION INFORMATION		
COMPETITION NUMBER	POSITION APPLIED FOR	DATE OF APPLICATION

Where did you hear about this position? Posting Newspaper Website
 Other (Please specify) _____

Are you legally permitted to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to perform the essential functions of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you sustained any previous injury that would effect your ability to meet the physical demands of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any Employees at St. Joseph's Auxiliary Hospital related to you? Yes <input type="checkbox"/> No <input type="checkbox"/>

TYPE OF EMPLOYMENT (Check All Applicable Boxes) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Relief	SHIFTS YOU WILL WORK (Check All Applicable Boxes) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating
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PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Current Address		
City	Province	Postal Code
Telephone Number(s)	e-mail address	

If currently or previously employed by St. Joseph's Auxiliary Hospital, please complete the following: Date(s) _____ Position(s) _____ FTE(s) _____ Department(s) _____

EDUCATION / SKILLS		
Educational Institution	Name & Location of Institution	Degree/Diploma or Grade Completed
High School		
Post Secondary (University, College, School of Nursing, Technical/Business, etc.)		
Other Courses: (e.g. Clinical Specialties, etc.)		
Skills	CPR: <input type="checkbox"/> BCLS <input type="checkbox"/> ACLS Other _____ Expiry Date _____ <input type="checkbox"/> Typing <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Data Entry <input type="checkbox"/> Computer Skills <input type="checkbox"/> Software/Application _____	

PROFESSIONAL ASSOCIATION / REGISTRATION / CERTIFICATION		
Registration	Expiry Date	Province & Registration Number
RN <input type="checkbox"/> LPN <input type="checkbox"/>		
Professional Registration/Certification: (e.g. PT, OT, RT, etc.)		
Other Certifications: (e.g. Trades, Cooks, etc.)		

EMPLOYMENT HISTORY					
LAST POSITION Name & Address of Employer					Postal Code
Position Held <input type="checkbox"/> PFT <input type="checkbox"/> PPT <input type="checkbox"/> Temp. <input type="checkbox"/> Relief	From (yy/mm)	To (yy/mm)	Name of Supervisor		Telephone Number
Duties				Reason for Leaving	
2ND LAST POSITION Name & Address of Employer					Postal Code
Position Held <input type="checkbox"/> PFT <input type="checkbox"/> PPT <input type="checkbox"/> Temp. <input type="checkbox"/> Relief	From (yy/mm)	To (yy/mm)	Name of Supervisor		Telephone Number
Duties				Reason for Leaving	
3RD LAST POSITION Name & Address of Employer					Postal Code
Position Held <input type="checkbox"/> PFT <input type="checkbox"/> PPT <input type="checkbox"/> Temp. <input type="checkbox"/> Relief	From (yy/mm)	To (yy/mm)	Name of Supervisor		Telephone Number
Duties				Reason for Leaving	
OTHER INFORMATION: Please describe any other information relevant to your application for employment that you wish to draw to our attention.					

CONSENT FOR RELEASE OF INFORMATION / EMPLOYMENT REFERENCES	
<p>I, _____, hereby authorize Covenant Health St. Joseph's Edmonton to contact the references listed below for information regarding my qualifications, experience and suitability for employment by St. Joseph's Hospital. I further authorize these references to disclose information, regarding my qualifications, experience and suitability, to St. Joseph's Hospital for the purpose of this application process. I understand that this authorization may be revoked at any time. A copy of this authorization shall be as valid as the original.</p> <p>Please indicate specific exceptions as to who should not be contacted for references:</p> <p>_____</p>	
Date:	Applicant's Signature:

REFERENCES

Give the names of three (3) individuals, preferably direct supervisors or work associates (excluding relatives), who are qualified to verify your qualifications for the position and that we may contact. Recent students may use teachers or professors.			
Name		Employer	
Address		Telephone Number	
Occupation	Relationship to Applicant		Years Known
Name		Employer	
Address		Telephone Number	
Occupation	Relationship to Applicant		Years Known
Name		Employer	
Address		Telephone Number	
Occupation	Relationship to Applicant		Years Known

SECURITY CLEARANCE

Applicants to Covenant Health St. Joseph's Edmonton are responsible for the cost and provision of a Criminal Records Check in compliance with the Protection for Persons in Care Act and Hospital Policy. Any position offered is dependent upon the applicant's ability to provide an original Criminal Records Check satisfactory to St. Joseph's Edmonton.

CONDITIONS OF EMPLOYMENT

1. Initial and continued employment at Covenant Health St. Joseph's Edmonton will depend on an Employee's ability to meet all health requirements as determined by St. Joseph's Edmonton.
2. Employees will conduct themselves in a manner that is consistent with the Mission, Vision, Values and Philosophies of St. Joseph's Edmonton and that they will adhere to the Policies and Procedures that have been established.
3. Enrollment in group benefit plans is compulsory for eligible Employees and will be in accordance with the policies and regulations of those Plans.
4. Where there is provision for recognition of previous experience for the determination of salary and/or portability of benefits, Employees will be required to provide written confirmation from any previous Employers regarding experience and benefits within two (2) months of the date of employment.
5. In order to receive recognition for educational qualifications, Employees must provide the **ORIGINAL** certificate or degree to the Employer for photocopying and assessment.

Please read the information that you have provided and ensure that it is accurate and complete.

DECLARATION

I certify that the answers given by me to the foregoing questions and statements are true and correct, without consequential omissions of any kind whatsoever. I agree that my Employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or personal references, furnished information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I understand that, if employed, any false or misleading information on or related to this application may be considered sufficient cause for termination of my employment.

Date: _____ Applicant's Signature: _____

Thank you for applying and your interest in working at Covenant Health St. Joseph's Edmonton. Please be advised that only those candidates selected for an interview will be contacted.