

LAMONT HEALTH CARE CENTRE APPLICATION FOR EMPLOYMENT

Lamont Health Care Centre
5216-53 Street
Lamont, AB T0B 2R0

Telephone: (780) 895-2211
Fax: (780) 895-7305

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 (if applicable)	
		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		Have you ever been employed with a Health Care Facility or Community Health Program within the Health Region?	
Are you fluent with the English Language: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> Yes Please list site(s):	
Are you fluent in other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
If "yes," please list:			
Are you available to work:	Yes No	Please indicate the type of employment desired	Comments:
Shift Work	<input type="checkbox"/> <input type="checkbox"/>		_____
Weekends	<input type="checkbox"/> <input type="checkbox"/>		_____
Statutory Holidays	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual	_____
		<input type="checkbox"/> Part Time <input type="checkbox"/> Temp	_____

PREVIOUS EMPLOYMENT <i>(please start with most recent)</i>		
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:		
Please attach any documentation to further support your application (i.e.; resume or letters of reference)		Resume Attached <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT DECLARATION		
<ul style="list-style-type: none"> ▪ I understand that I must provide reference information upon request. ▪ I understand that a Criminal Record Check is a pre-employment requirement with Lamont Health Care Centre. ▪ I declare that I am in good health and have no health problems or disabilities which will prevent me from meeting the requirements of the position. ▪ 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 functional analysis (at my cost) to ensure I am physically and/or mentally able to perform the duties of the job. 		
DATE: _____		SIGNATURE _____