



APPLICATION FOR EMPLOYMENT

Date available to start: _____

Position applied for: _____

How did you hear about this position? Newspaper Job Bank Friend Other _____
Referred by current NNR employee? _____ If so, complete information on final page.

PERSONAL DATA

Last Name: _____ Given Name(s): _____

Address: _____ Home Telephone: (____) _____

_____ Bus. Telephone: (____) _____

Do you have a Driver's License? Yes No Reliable transportation? Yes No

EDUCATION

<i>Community College</i>		<i>University</i>	
Name of Program:		Name of Course:	
Length of Program:		Major Subject:	
Diploma/Certificate Received:		Degree awarded:	

Other professional licenses, certificates, degrees you have: _____

Describe any special skills, experience or training related to the position applied for: _____

Are you employed elsewhere? Full time ___ Part time ___ **NNR will be Your PRIORITY – YES ___ NO ___**

EMPLOYMENT RECORD *(beginning with most recent)*

Name: _____ Supervisor's Name: _____

Address: _____ Tel. #: (____) _____

_____ Employed from: _____ to _____

_____ Job Title: _____

Function/responsibilities: _____

Reason for leaving: _____

Name: _____ Supervisor's Name: _____

Address: _____ Tel. #: (____) _____

_____ Employed from: _____ to _____

_____ Job Title: _____

Function/responsibilities: _____

Reason for leaving: _____

Name: _____

Supervisor's Name: _____

Address: _____

Tel. #: (_____) _____

Employed from: _____ to _____

Job Title: _____

Function/responsibilities: _____

Reason for leaving: _____

Are you legally eligible to work in Canada?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you willing to work shift work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have reliable transportation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a valid driver's license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have valid automobile insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a criminal offence for which a pardon has not been granted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you bondable?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Notification in case of Emergency

Next of Kin: _____

Phone Number: _____

REFERENCES (2 professional, 1 personal – no relatives please) Professional = supervisor or peer of equal designation

Name: _____ Tel. #: (____) _____

Address: _____ Occupation: _____

Years Known: _____

Professional Reference Personal Reference

Name: _____ Tel. #: (____) _____

Address: _____ Occupation: _____

Years Known: _____

Professional Reference Personal Reference

Name: _____ Tel. #: (____) _____

Address: _____ Occupation: _____

Years Known: _____

Professional Reference Personal Reference

May we approach your employers for references? Present/last employer Yes No
Former employers Yes No

I _____ hereby declare the information given is true and complete to the best of my knowledge and I hereby give permission for Nightingale Nursing Registry Ltd. and/or its designated representative to contact the above noted references. I understand that false statements may disqualify me from employment or cause my dismissal.

Signed: _____ Dated: _____



AVAILABILITY/WORK AREA

APPLICANT: _____

PSW HMK
RN RPN

In general, I am available for shifts on the following days of the week:

Mon Tues Wed Thurs Fri Sat Sun

during the following hours of the day:

Mornings Afternoons Evenings Overnight

Nightingale asks that employees be available to work two weekends out of four as the need arises.

I am able I am not able to accommodate this schedule.

<i>For Registered Nursing staff only:</i>		
<i>I am willing to do visiting</i>	<i>Yes</i>	<i>No</i>

It is Nightingale's policy to place field staff within their home area (e.g. live in Peterborough, work in Peterborough) but this may sometimes limit available hours.

My home area is: _____

I am willing to take assignments outside my home area Yes No

If Yes, please indicate where: (e.g. Lakefield, Norwood etc.) _____

I am willing to drive in rural areas Yes No

It is understood that my circumstances could change and I agree to advise Nightingale by phone in order to keep the availability/work area records up-to-date.

Employee Signature

Date



NNR Employee Referral Information

NNR Employee (referring) _____ telephone number _____

Interviewer to contact NNR employee to verify information and forward information to Alison Garbutt, Director of Accounting and Payroll

Verification:

NNR employee name _____ contacted on _____

Referred (name) _____ to NNR date: _____

Signature: _____



RELEASE OF INFORMATION FORM

I _____ (PRINT NAME) am applying for employment with Nightingale Nursing Registry LTD.

I hereby authorize (check either or both boxes).

- My previous employer/s
- Present employer

to release to Nightingale Nursing Registry LTD. any information relating to me previous or present employment.

Signature

Date