



**ST. JOSEPH'S HEALTH CENTRE**  
**100 Westmount Road**  
**Guelph, Ontario N1H 5H8**

**APPLICATION FOR EMPLOYMENT**

**POSITION OR TYPE OF EMPLOYMENT DESIRED:**

**DATE AVAILABLE:**

**PERSONAL DATA**

**Last Name** \_\_\_\_\_ **Given Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt No.** \_\_\_\_\_ **City** \_\_\_\_\_ **Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_ **Business Telephone ( )** \_\_\_\_\_

**Are you legally eligible to work in Canada?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Are you 16 years or more and less than 65 years of age?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Have you worked here previously?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **When** \_\_\_\_\_ **What Position** \_\_\_\_\_

**Can you work shifts?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Can you work weekends?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Have you ever been convicted of a criminal offence for which you have not received a pardon?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please note: Offers of employment may be conditional upon providing an acceptable criminal reference check**

**EDUCATION**

**SECONDARY SCHOOL** \_\_\_\_\_ **Highest grade or level completed** \_\_\_\_\_ **Type of certificate or diploma attained** \_\_\_\_\_

**BUSINESS/TRADE SCHOOL** \_\_\_\_\_ **Name of course** \_\_\_\_\_ **Length of course** \_\_\_\_\_

\_\_\_\_\_ **License, certificate or diploma awarded?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**COMMUNITY COLLEGE** \_\_\_\_\_ **Name of course** \_\_\_\_\_ **Length of course** \_\_\_\_\_

\_\_\_\_\_ **Diploma received?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**UNIVERSITY** \_\_\_\_\_ **Length of course** \_\_\_\_\_ **Major subject** \_\_\_\_\_

\_\_\_\_\_ **Degree Awarded?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 \_\_\_\_\_ **Pass** \_\_\_\_\_ **Honours** \_\_\_\_\_

**Do you have a professional designation?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, name of designation** \_\_\_\_\_

**FOR PROFESSIONAL STAFF**

**Registration No. in Ontario** \_\_\_\_\_ **Is it up to date for the current year** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please complete only if driving is necessary in the job for which you are applying.**

**Do you have a valid driver's licence?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Driver's licence class (circle appropriate class)** \_\_\_\_\_ **A B C D E F G G1 G2** \_\_\_\_\_

**Describe any of you work related skills, experience, or training that relate to the position being applied for.** \_\_\_\_\_

