

Record of Employment

Name and address of Company and type of Business (begin with the most recent)	FROM		TO		Position Held	Reason for Leaving	Name of Supervisor
	Month	Year	Month	Year			

Record of Education

Education Level	Highest Grade, Diploma or Degree Awarded	Year Completed
High School		
Post Secondary		
University		
Other Related Education/ Training		

Are there any other experiences, skills, qualifications or abilities, which you feel might contribute to your effectiveness to work at the Burntwood Regional Health Authority? (Do not list activities of a Religious, racial, national or political character).

List organizations or professional associations of which you are a member. (You are not required to list any clubs or organizations that indicate race, religion, colour, sex, age, marital status, physical handicap, ethnic or national origin, political belief or family status).

<i>Please Print Your Name in Full</i>	
	<i>Date:</i>

PLEASE READ CAREFULLY BEFORE SIGNING

The information I have reported on this application form and/or the attached resume is complete and accurate. I understand that giving incomplete, inaccurate or false information can lead to my dismissal at any time. If I am hired, I agree to perform all the work and services assigned to me by the Burntwood Regional Health Authority, diligently, honestly and faithfully. I agree to obey all the guidelines made by the organization that relate to my employment. I am aware that if hired, I may be dismissed without notice, or pay in lieu of notice and without just cause during my probationary period.

All positions with the Burntwood Regional Health Authority are subject to a Criminal Record Check and a Child Abuse Registry Check. Costs incurred for the Criminal Records Check are the responsibility of the applicant.

SELF- DECLARATION

<p>The Burntwood Regional Health Authority encourages Aboriginal people to self-identify by completing the voluntary self-declaration below.</p> <p>I (please print your Name) _____ , declare myself to be of Aboriginal descent.</p> <p>(please indicate) Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/></p>

COLLECTION OF INFORMATION

This personal information is being collected is protected under the provisions of the Freedom of information and Protection of Privacy Act and will be used solely of the purpose of this application for employment subsequent employment related matters should you be the successful applicant.

Signature of Applicant _____ Date _____