

Heartland Health Region Employment Application Form

(Note: If you are enclosing a resume with your application, please fill out the first page of the application, sign the applicant statement on the back page and enclose your resume)

POSITION/WORK DESIRED

Position/work sought:				
Term of work desired (please hi-lite yellow):	Permanent	Tempo	orary	
Hours available to work (please hi-lite yellow	v): Full-Tim Days	ne Part-' Evenings		nsual Weekends
Work site preferred, if any	Date a	ate available to start work _		
PERSONAL INFORMATION				
Name:		T' .		
Last		First		
Address:				
	Street Addre	ess		
Town/City	Province		Postal C	Code
Phone: Home Busines	SS	Cel	1:	
Have you ever been employed within the Hea	artland Health	Region? (p	lease hi-lite)	Yes No
If yes, where?		When?		
(please hi-lite answer below)				
Are you willing to work shift work?		Yes	No	
Are you willing to travel as part of your job?		Yes	No	
Do you have a valid driver's license? Are you between the age of 16 and 65?		Yes	No	
		Yes	No	
Are you willing to work overtime?		Yes	No	
Are you legally entitled to work in Canada?		Yes	No	
Have you committed a criminal offence	10	T 7	3 . T	
for which a pardon has not been granted	1?	Yes	No	

EDUCATION AND TRAINING

Type of School	Name and location of school	Attainment
Business, trade, technical or other training		Degree/Diploma/Certificate obtained:
Post Secondary		Degree/Diploma/Certificate obtained:
High School		Highest grade completed: (please hi-lite) Diploma or GED
Other relevant training or experience		
SPECIALIZED SKIL		
Dictaphone Word		ets Keyboarding/typing(wpm)
training you have receiv Medical terminology tra	ved	programs you have used or special computer
BLS Certification (CPR	(a) Level	Date of course
Language skills Spoken		Written
Other skills		
		

CERTIFICATION

For Registered Nurses and other certified professionals – Are you currently registered in Saskatchewan? (please hi-lite) Yes No Saskatchewan registration #_______

WORK HISTORY

	Address:
Reason for leaving:	
Γ	
2) Employer:	Address:
Name of Supervisor:	
Position held:	From: To: month/yr month/yr
Main duties:	monui yi
Reason for leaving:	
3) Employer:	Address:
Name of Supervisor:	
Position held:	From: To:
Main duties:	month/yr month/yr
Reason for leaving:	

REFERENCES

May we contact	vour present/past	temployer? (ple	ease hi-lite)	Yes	No
may we contact	your prosent pasi		asc m-mu	1 65	110

Name	Position Title	Relationship	Phone Number
1)			
2)			
3)			

SELF DECLARATION (VOLUNTARY)

Do you have a disability which will affect your ability to perform any of the functions of the job for which you have applied? (please hi-lite) Yes No

If your answer to the above question is "yes" please indicate what functions you can not perform, and what accommodations could be made which would allow you to do the work adequately?

The Heartland Health Region is working toward a workforce that is representative of the public it serves. Please answer the following question.

Are you a person of Aboriginal Ancestry (Status Indian, Non-Status Indian, Metis, Inuit?) (please hi-lite) Yes No

STATEMENT BY APPLICANT

I certify that the facts set forth in this employment application are complete and true. I
understand that if I am employed, false statements on this application shall be considered
sufficient cause for dismissal. I also give permission to the Heartland Health Region to obtain
information regarding my previous employment or educational background.

Signature of applicant	Da	ate

Thank you for your interest in our Region's health services, we will keep your application on file for up to three months. Only those selected for an interview will be contacted. All new employees are required to provide a pre-employment medical and criminal record check.

Please return completed applications to:

Heartland Health Region
Attn: Recruitment & Retention
PO Box 1100
Outlook, SK S0L 2N0

Ph: 1-306-867-9701 Fax: 1-306-867-1877

careers@hrha.sk.ca