



# HORNEPAYNE COMMUNITY HOSPITAL

P.O. BOX 190, 278 FRONT STREET, HORNEPAYNE, ONTARIO P0M 1Z0 807-868-2442 FAX: 807-868-2697

## APPLICANT INFORMATION

Last Name  First  M.I.  Date

Street Address  Apartment/Unit #

City  Prov.  Postal Code

Phone  E-mail Address

How long have you lived at the above address?

Date Available  Do you hold a Valid Driver's License YES  NO

Position Applied for  FT  PT  CASUAL

Are you a Canadian citizen? YES  NO  If no, are you authorized to work in Canada? YES  NO

Have you ever worked for this company? YES  NO  If so, when?

Have you ever been convicted of a criminal offense/felony for which a pardon has not been granted? YES  NO  If yes, explain

Are you bondable? YES  NO

List any friends or relatives working for us:

Languages written or spoken and how fluent:

Do you have any physical limitations or health condition which may limit your ability to perform the job applied for? Please explain:

## EDUCATION

Type of School	Name and Address	FROM	TO	GRADUATED	MAJOR
Secondary School	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Post Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
University	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

## REFERENCES

Please list three professional references. **May we contact your professional references?** YES  NO

Full Name  Relationship

Company  Phone  (  )

Address

Full Name  Relationship

Company  Phone  (  )

Address

Full Name  Relationship

Company  Phone  (  )

Address