LAKE OF THE WOODS DISTRICT HOSPITAL
APPLICATION FOR EMPLOYMENT

Lake of the Woods District Hospital
21 Sylvan Street West
Kenora, ON P9N 3W7
Phone: (807) 468-9861 Fax: (807) 468-3939

If you have a disability and require a reasonable accommodation to participate in the pre-employment process, please advise the Hospital's representative of your requested accommodation.

(Application must be completed in full)

Date	
Last Name:	Given Names:
Present Address (Street, City, Province, Postal Code)	Contact Telephone Number(s)
Mailing Address (If different from above)	E-mail (optional)
Are you legally entitled to work in Canada? ☐ Yes ☐ No	Languages English French Other Speak ☐ ☐ ☐ Write ☐ ☐ ☐
Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No	
Have you ever worked for the Lake of the Woods District Hospital? Yes No If yes, Where?	
Dates Worked	Reason for Leaving

What position are you applying for?

☐ Permanent ☐ Temporary	☐ Full-time ☐ Part-time	☐ Days ☐ Nights ☐ Evenings ☐ Shifts	Date available to start

EDUCATION

Please list any education, training, or specialized experience you feel relates to the position applied for that would help you perform the work, such as high school, colleges, degrees, licences, vocational or technical programs, military training, foreign language proficiency, etc.

High School:	
College/University:	Specialization:
Degrees, registrations, licences, certificates, memberships, special achievements, experience or training (with issuing province)	

Resume Attached ☐

WORK HISTORY
(The last five years of your work history **MUST** be included. Continue on back of page if necessary)

Name of PRESENT or LAST Employer:		Address:	
Start Date:	End Date:	Reason for Leaving	
Job Title:	Name of Supervisor:	Supervisor's Title	May we contact this person for an employment reference without jeopardizing your present employment? Yes No Phone:
Description of Work and Responsibilities:			
Next Previous Employer:		Address:	
Start Date:	End Date:	Reason for Leaving	
Job Title:	Name of Supervisor:	Supervisor's Title	May we contact this person for an employment reference? Yes No Phone:
Description of Work and Responsibilities:			
Next Previous Employer:		Address:	
Start Date:	End Date:	Reason for Leaving	
Job Title:	Name of Supervisor:	Supervisor's Title	May we contact this person for an employment reference? Yes No Phone:
Description of Work and Responsibilities:			
Next Previous Employer:		Address:	
Start Date:	End Date:	Reason for Leaving	
Job Title:	Name of Supervisor:	Supervisor's Title	May we contact this person for an employment reference? Yes No Phone:
Description of Work and Responsibilities:			

REFERENCES – List three references – two work related and one personal who we can contact (previous Supervisors preferred).

Name	Phone	Occupation

EMPLOYMENT UNDERSTANDING

1. AUTHORIZATION AND RELEASE: I authorize the Lake of the Woods District Hospital to verify my qualifications for employment, including the confirmation of my past employment, educational credentials and other employment related activities. I realize that the verification may include contacting my prior employers and references unless I have indicated otherwise on this form. I release any and all persons and parties connected with the investigation from any and all claims or damage arising from the collection, use or disclosure of my personal information as part of that verification process.

2. PERSONAL INFORMATION: I understand that my personal information contained on this form will be used for the purpose of evaluating my candidacy for employment with the Lake of the Woods District Hospital including the confirmation of my past employment, educational credentials and other employment related activities. Questions about this collection should be directed to: Ms. Kathleen Fitzgerald, Privacy Officer, Lake of the Woods District Hospital, 21 Sylvan St. W. Kenora, ON P9N 3W7 (807) 468-9861.

3. PHYSICAL EXAM: I understand that after a conditional offer of employment, I may have to take medical tests and/or a physical examination. The cost of these tests would be the responsibility of the employer. Physical exams after employment may also be required when the request is job-related.

4. CRIMINAL RECORD CHECK: I understand that in conjunction with my application for employment, the Lake of the Woods District Hospital will require a criminal-record check of criminal convictions and pending prosecutions and that the information obtained as a result of this record may result in my not receiving an offer of employment, withdrawal of my offer of employment, or termination of employment.

I verify that the information I have provided on this application is true and accurate and that I am legitimately seeking a job with the Lake of the Woods District Hospital. I understand that any omission of information requested or any false or misleading information that I furnish on or in connection with this application for employment may result in rejection of my application or termination of my employment for cause without notice or any further payment. By signing this application form, I certify that I have read and agree to the terms of the above employment understanding.

Applicant's Signature_____ Date_____