



EQUAL OPPORTUNITY
EMPLOYER

WOODSTOCK GENERAL HOSPITAL

270 Riddell Street
Woodstock, Ontario, N4S 6N6
Tele: (519) 421-4211

EMPLOYMENT APPLICATION

Thank you for your interest. Please be advised that all vacancies are posted within the hospital.

External candidates are only considered if there are no suitable internal applicants.

At Woodstock General Hospital protecting your privacy is very important to us. The resumes of external individuals seeking employment at Woodstock General Hospital are maintained in the Human Resources Department for a period of six months, after which they are securely discarded. Unless otherwise directed resumes are only provided to managers for those positions which the applicant has applied. Reference checks shall only be completed upon the authorization of the applicant. Should the applicant be successful, personal information shall only be used by or disclosed to administrative personnel.

Position Applied For:	Available For Shift Work: No ___ Yes ___	Type of Employment Wanted: Full Time ___ Part Time ___ Casual _____	Date Available:	
EMAIL _____			Previously Used Name If Appearing on References	
TELEPHONE NUMBER:() _____				
NAME: _____				
Last Name		First Name		Middle Name
ADDRESS: _____				
Street Name & Number,			Apt. Number,	Post Box Number,
City/Town Province & Postal Code				

EDUCATION

HIGH SCHOOL	TYPE OF SCHOOL	NO. OF YEARS	GRAD. YES/NO	Yr. or expected Yr. of Grad.	DEGREE OR DIPLOMA	SUBJECTS SPECIALIZED IN
	ACADEMIC	<input type="checkbox"/>				
TECHNICAL	<input type="checkbox"/>					
COMMUNITY COLLEGE	<input type="checkbox"/>					
BUSINESS COLLEGE	<input type="checkbox"/>					
SCHOOL OF NURSING	<input type="checkbox"/>					
UNIVERSITY	<input type="checkbox"/>					
POST GRADUATE	<input type="checkbox"/>					
CORRESPONDENCE COURSES	<input type="checkbox"/>					

OTHER EDUCATIONAL ACTIVITIES

Woodstock General Hospital is a non-smoking facility



EMPLOYMENT HISTORY (list present or most recent positions first)

1. NAME OF EMPLOYER		ADDRESS	NO.	STREET	CITY
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION F/T ___ P/T ___	
NAME AND POSITION OF IMMEDIATE SUPERVISOR					
DUTIES					
DATE COMMENCED	DAY/MONTH/YR	DATE LEFT	DAY/MONTH/YR	STARTING SALARY	FINAL SALARY
REASON FOR LEAVING					

2. NAME OF EMPLOYER		ADDRESS	NO.	STREET	CITY
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION F/T ___ P/T ___	
NAME AND POSITION OF IMMEDIATE SUPERVISOR					
DUTIES					
DATE COMMENCED	DAY/MONTH/YR	DATE LEFT	DAY/MONTH/YR	STARTING SALARY	FINAL SALARY
REASON FOR LEAVING					

3. NAME OF EMPLOYER		ADDRESS	NO.	STREET	CITY
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION F/T ___ P/T ___	
NAME AND POSITION OF IMMEDIATE SUPERVISOR					
DUTIES					
DATE COMMENCED	DAY/MONTH/YR	DATE LEFT	DAY/MONTH/YR	STARTING SALARY	FINAL SALARY
REASON FOR LEAVING					

LIST BELOW IN CHRONOLOGICAL ORDER ALL OTHER EMPLOYERS FOR WHOM YOU HAVE WORKED DURING THE LAST 15 YEARS.

NAME OF EMPLOYER	ADDRESS			Employed From/To				POSITION, TITLE OR TYPE OF WORK PERFORMED	REASON FOR LEAVING
	NO.	STREET	CITY	MO.	YR.	MO.	YR.		

ADDITIONAL COMMENTS:

NURSING APPLICANTS ONLY

Clinical Areas of Preference:

_____ Registered Nurse _____ R.P.N.
_____ Graduate Nurse _____ Other
(pending registration) (please specify)

1. _____
2. _____
3. _____

Are you prepared to rotate clinical areas to meet staffing requirements? _____ YES _____ NO

Ontario Registration Number: _____ Date of last renewal of Reg. _____

ALL APPLICANTS MUST COMPLETE:

Are you a former employee of WGH? _____ YES _____ NO Department _____

Dates: From _____ to _____ 20 _____ reason for leaving _____

Name of Immediate Supervisor _____ Title _____

Do you have a spouse, child or parent working at the Hospital _____ YES _____ NO _____

If YES name of department: _____ Relationship: _____

Where did you hear of this position?

Job Posting _____ Newspaper _____ Journal _____ Other _____
Name & Date Name & Date

WGH website _____ Internet: Website name _____

ARE YOU FAMILIAR WITH OR DO YOU POSSESS TRAINING OR SKILLS IN ANY OF THE FOLLOWING AREAS:

Computer - Software _____ Medical Terminology _____

Computer - Technical _____ Patient Classification _____ if YES What Type? _____

Transcription _____ Other: _____

Book-keeping _____

Please list any additional skills, interests, special qualifications or other experience which you feel are relevant to this application

Have you ever been convicted of an offence for which no pardon has been granted _____ YES _____ NO

REFERENCES:

	Name:	Address	Telephone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

ALL APPLICANTS TO READ AND SIGN THE FOLLOWING:

I certify that all the above statements made by me are true. If it is found that I have given false information in this application, or on my resume, such falsification will constitute full and sufficient grounds for rejection of this application, or dismissal.

I understand and agree the Woodstock General Hospital will ask for information from my previous employers regarding the details of my employment. This may include my work record, reasons for leaving, as well as number of sick days and separate sick time incidents. I authorize my previous employers to release such information regarding my employment with them. I also agree that no liability or damage shall accrue to my previous employers as a consequence of their releasing such information.

All inventions resulting from my employment and use of Woodstock General Hospital facilities re physical products, processes, or formulae which I may invent, discover, develop, improve or control shall become the sole and exclusive property of Woodstock General Hospital.

I shall not disclose or use during or subsequent to my employment with Woodstock General Hospital any confidential information or data without first obtaining written consent of Woodstock General Hospital.

I understand that my employment with this Hospital is conditional upon compliance with the tests and examinations set out in the Communicable Disease Surveillance Protocols as prescribed by the Public Hospitals Act or the internal policy of the Woodstock General Hospital.

SIGNED _____ DATE _____

FOR HOSPITAL USE ONLY - DO NOT WRITE BELOW

INTERVIEWER'S REMARKS:

INTERVIEWED BY _____ DATE _____ RECOMMENDATION _____

REFERENCE CHECK RESULTS:

CHECK MADE BY _____ DATE _____ RECOMMENDATION _____

IF APPLICANT IS OFFERED EMPLOYMENT, PLEASE SUPPLY THE FOLLOWING DATA:

LANGUAGES SPOKEN:	DATE OF BIRTH	SEX	MARITAL STATUS:	Social Insurance Number:
LANGUAGES WRITTEN:	Day Mo Yr.		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	

NOTIFY IN CASE OF EMERGENCY:

NAME

ADDRESS

RELATIONSHIP

TELEPHONE NO