

2080 Windsor Street Halifax, NS B3K 5B2 Phone: 902 429-0550 email: <u>info@svnh.ca</u> web: www.svnh.ca

## APPLICATION FOR EMPLOYMENT

# APPLICANTS SHOULD CONSIDER THE FOLLOWING PRIOR TO APPLYING FOR A POSITION:

Do I believe in the <u>dignity</u>, <u>worth</u> and <u>uniqueness</u> of every person?

Do I believe in the <u>respectful</u> and <u>individual treatment</u> of each person?

Can I contribute to the <u>compassionate care</u> in a home-like and nurturing environment?

Am I willing to learn from and work with other people?

C	ompetition Number:		
Where did you hear ab	out Saint Vincent's?		
☐ Career Beacon ☐	Career Fair	Employee 🗆 Other:	
Position preferred:		Date available	e:
Type of employment s	ought:   Full Time	☐ Part Time ☐ Casual ☐	☐ Temporary
Have you ever worked	for Saint Vincent's Nu	rsing Home? □ Yes □ No	)
If yes, Departn	nent:	Time Frame:	
PERSONAL INFO	ORMATION		
Last name:		First name:	Initial:
Name used in previous	s employment (if applica	able):	
Mailing address:			
Email address:			
Phone Numbers:			
Home:	Cell:	Work:	

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Name		Relationship		
	ONAL BACKGROUNI	)		
Type of School	Name & Address	Dates Attended	Graduated	Course or Major
Secondary		From:	□ Yes	
		То:	□ No	
College		From:	□ Yes	
		To:	□ No	
Post Graduate		From:	□ Yes	
Graduate		To:	□ No	
Business or Trade		From:	☐ Yes	
Traue		To:	□ No	
Other		From:	☐ Yes	
		To:	□ No	
		onal Nursing Ap	_	
C Wart NC Dagi			• •	
Current no region	stration/Certification No		Expiry Date	
	nother province, state province			

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## PREVIOUS EMPLOYMENT

Please begin with your most recent employment.

Dates		Name and address of	Telephone	Supervisor's name	Reason for leaving
From	To	employer	Number	and title	reason for leaving
Describe i	in detai	il the work you did:			
Describe 1	iii dotti.	ir the work you tru.			
		cent's contact this employer?	P □ Yes □	No	
Dates		Name and address of	Telephone	Supervisor's name	Reason for leaving
From	То	employer	Number	and title	Trougon for fourting
Describe i	in deta	il the work you did:			
Ī		cent's contact this employer?		No	
Dates		Name and address of	Telephone	Supervisor's name	Reason for leaving
From	То	employer	Number	and title	
Describe i	in deta	il the work you did:			
		·			
May Sair	nt Vinc	cent's contact this employer?	<sup>o</sup> □ Yes □	No	
Describe those personal attributes that make you the ideal candidate for the job:					
-					
-					

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#### PRIVACY STATEMENT

Saint Vincent's may need to collect personal information appropriate to the position(s) applied for concerning academic background and employment/volunteering history, and to verify the character references supplied. Saint Vincent's adheres to the Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act. Our privacy policy is available at www.svnh.ca or by request. If you do not accept the terms of this privacy policy, please do not provide us with any personally identifiable information.

Information supplied on this form will be kept in confidence.

### By signing below, I accept the following terms:

- 1. The foregoing information is correct to the best of my knowledge, and I understand that the acceptance of this application is subject to the verification of information through the receipt of references.
- 2. I acknowledge the fact that, unless my position is exempt, membership in a union may be required.
- 3. I agree to obtain a vulnerable sector criminal records check prior to confirmation of employment.
- 4. I acknowledge that by providing Saint Vincent's with personally identifiable information I accept the terms of the Saint Vincent's Privacy Policy and consent to allow Saint Vincent's to collect, use, disclose and dispose of my personally identifiable information in accordance with the terms of the Saint Vincent's Privacy Policy.

Applicant's Signature	Date	
J:\forms\Section A\Application for Employment (external)		

Last updated: March 2020

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