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## APPLICATION FOR EMPLOYMENT

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

Do I believe in the dignity, worth and uniqueness of every person?

Do I believe in the respectful and individual treatment of each person?

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

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

Competition Number:

Where did you hear about Saint Vincent's?

☐ Career Beacon

☐ Career Fair

☐ SVNH Employee

☐ SVNH website

☐ Other: \_\_\_\_\_

Position preferred: \_\_\_\_\_

Date available: \_\_\_\_\_

Type of employment sought: ☐ Full Time ☐ Part Time ☐ Casual ☐ Temporary

Have you ever worked for Saint Vincent's Nursing Home? ☐ Yes ☐ No

If yes, Department: \_\_\_\_\_

Time Frame: \_\_\_\_\_

### PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Name used in previous employment (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

List any immediate family members presently employed at Saint Vincent's:

Name	Relationship
_____	_____
_____	_____
_____	_____

## EDUCATIONAL BACKGROUND

Type of School	Name & Address	Dates Attended	Graduated	Course or Major
Secondary		From:	<input type="checkbox"/> Yes	
		To:	<input type="checkbox"/> No	
College		From:	<input type="checkbox"/> Yes	
		To:	<input type="checkbox"/> No	
Post Graduate		From:	<input type="checkbox"/> Yes	
		To:	<input type="checkbox"/> No	
Business or Trade		From:	<input type="checkbox"/> Yes	
		To:	<input type="checkbox"/> No	
Other		From:	<input type="checkbox"/> Yes	
		To:	<input type="checkbox"/> No	

### Professional Nursing Applicants

(To be completed by RN's and LPN's only)

Current NS Registration/Certification No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If registered in another province, state province: \_\_\_\_\_ Reg. #: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Please begin with your most recent employment.

Dates From To		Name and address of employer	Telephone Number	Supervisor's name and title	Reason for leaving
Describe in detail the work you did:					
May Saint Vincent's contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates From To		Name and address of employer	Telephone Number	Supervisor's name and title	Reason for leaving
Describe in detail the work you did:					
May Saint Vincent's contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates From To		Name and address of employer	Telephone Number	Supervisor's name and title	Reason for leaving
Describe in detail the work you did:					
May Saint Vincent's contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Applicant Attestation:

By checking one of the boxes below, you are attesting to your eligibility to work in Canada legally:

- ☐ I have a work permit valid for at least six (6) months, which allows me to work with any employer
- ☐ I am a permanent resident in Canada
- ☐ I'm a Canadian citizen
- ☐ Other (please explain): \_\_\_\_\_

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.svnv.ca](http://www.svnv.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

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Last updated: August 2025