Application for Employment

Grey Bruce Public Health

Personal Information:

Position Applied For:	Date Available (or Notice Period):
Last Name:	Given Name(s):
Address:	
Primary Telephone:	Alternate Number:
Email Address:	
Please disclose the name(s) of any spouse, child or parent who is currently employed at the Health Unit:	
Are you aware of any family members or significant social relationships currently employed at the Health Unit? ☐ Yes ☐ No	

To determine your qualification for employment, please provide below, information related to your academic and other achievements, including voluntary work as well as employment history. Additional information may be attached on a separate sheet.

Education:

Highest Level Achieved and Program Name: ☐University _____ ☐College _____ ☐High School ☐Other: _____	Current Licence, Certificate, Degree, Diploma Obtained? ☐ Yes, type _____ ☐ No Do you hold a valid Driver's Licence (please answer only if relevant to position applied for)? ☐ Yes ☐ No
Other Relevant Education (please list and describe – courses, workshops, seminars or other formal education):	

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Previous Employment:

Name of Last Employer: _____ Position: _____

Period of Employment: From (mm/yy) _____ To: (mm/yy) _____

☐ Full Time ☐ Part Time, occasional, casual Hours per week _____

Duties and relevant experience:

Name of Last Employer: _____ Position: _____

Period of Employment: From (mm/yy) _____ To: (mm/yy) _____

☐ Full Time ☐ Part Time, occasional, casual Hours per week _____

Duties and relevant experience:

Name of Last Employer: _____ Position: _____

Period of Employment: From (mm/yy) _____ To: (mm/yy) _____

☐ Full Time ☐ Part Time, occasional, casual Hours per week _____

Duties and relevant experience:

Additional Relevant Employment (title, length, status, duties):

Professional References – May attach separate reference page (i.e. manager, supervisor, etc.):

Name: _____ Position: _____

Telephone: _____ Relationship to Applicant:_____

Email:_____

Name: _____ Position: _____

Telephone: _____ Relationship to Applicant:_____

Email:_____

Name: _____ Position: _____

Telephone: _____ Relationship to Applicant:_____

Email:_____

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature: _____ Date: _____