



A valid Criminal Record Check including a Vulnerable Sector Query (current within six months) must be submitted prior to offer of employment. Please print clearly.

POSITION APPLYING TO *(May submit more than one GO # or Posting #):*

GO-# or Posting #:

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Previous names used for employment/education purposes: _____

Present Address: _____
(No.) (Street) (Town/City) (Province) (Postal Code)

Home Telephone: _____ Alternate Telephone(s): _____

Email Address: _____

Have you ever been employed by a former SK Health Region or an affiliate organization? Yes No

If yes, please indicate: Where? _____ When? _____

Are you legally eligible to work in Canada? Yes No

Are you over the age of 16? Yes No

Are you willing to travel if job requires? Yes No

Are you willing to supply your immunization record? Yes No

Do you have a disability or medical condition that will affect your ability to perform any of the functions of the work for which you are applying? Yes No

If "yes", what functions can you not perform and what accommodations could be made which would allow you to do the work adequately?

QUALIFICATIONS

(Please list all education you have obtained or are currently enrolled in (including anticipated completion date) below. Please attach copies if possible. Failure to confirm that you have the qualifications as identified in the posting could result in the posting being awarded to another applicant).

Level of Education	Name/Location of Institution(s)	Highest Level Completed	Date Obtained	Date Expected To Complete
High School				
Business, Technical Trades, College or University				
Other (ex. Food Safe)				

SKILLS AND OTHER TRAINING

Dictaphone WPM _____
 CPR/BCLS/ACLS Date Received: _____

Medical Terminology Date: __ Institute: _____

Data Entry _____Keystrokes/Touch

Computer Skills (Detail system & software familiarity): _____

Other: _____

PROFESSIONAL ASSOCIATION/REGISTRATION

Association/Registration	Registration Number	Province	Expiry Date

EMPLOYMENT HISTORY

(Please ensure all required information is included in your resume or completed below).

CURRENT EMPLOYER: (or most recent if not currently employed)

Position Held: _____ Start Date: _____ End Date: _____
Month / Year Month / Year

Employment Status (check the applicable box): Full-Time Part-Time Relief Temporary

Name and Position of Immediate Supervisor: _____ Telephone Number: _____

Description of Duties:

Reason for Leaving:

SECOND LAST EMPLOYER:

Position Held: _____ Start Date: _____ End Date: _____
Month / Year Month / Year

Employment Status (check the applicable box): Full-Time Part-Time Relief Temporary

Name and Position of Immediate Supervisor: _____ Telephone Number: _____

Description of Duties:

Reason for Leaving:

THIRD LAST EMPLOYER:

Position Held: _____ Start Date: _____ End Date: _____
Month / Year Month / Year

Employment Status (check the applicable box): Full-Time Part-Time Relief Temporary

Name and Position of Immediate Supervisor: _____ Telephone Number: _____

Description of Duties:

Reason for Leaving:

May we contact any or all of the Supervisor/employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

Do you require notice prior to our contacting the supervisors/employers above? Yes No

May we contact references other than those you have provided us? Yes No

To Whom It May Concern (previous and/or current employer):

Please accept this as your full and sufficient authority to release to Saskatchewan Health Authority (Prairie North), information pertaining to my work history and performance while employed by you. A copy of this authorization shall be as valid as the original.

Date

Name (Please Print)

X _____
Signature of Applicant

REFERENCES

(Please provide at least 3 employment related references; do not include relatives).

Name:	Occupation:
Address:	Telephone:
Relationship to Applicant:	
Name:	Occupation:
Address:	Telephone:
Relationship to Applicant:	
Name:	Occupation:
Address:	Telephone:
Relationship to Applicant:	

STATEMENT BY APPLICANT

It is understood and agreed that Saskatchewan Health Authority (Prairie North) may require verification of information contained in and related to this application in considering my suitability for any position or benefits. I hereby request and authorize anyone approached by Saskatchewan Health Authority (Prairie North), its employees and agents, to provide them with any and all information requested to the best of their ability. I certify that the facts set forth in this employment application are complete and true. I further understand and agree that any omission, false or misleading statement may disqualify me from employment or result in dismissal from employment. A photographic copy of this authorization shall be as valid as the original.

Date

X

Signature of Applicant

To submit application, please **EMAIL** completed application to HRreception@pnrha.ca, OR **FAX** completed application to 306-446-6810 OR **MAIL** completed application to Saskatchewan Health Authority (Prairie North), Human Resources Unit, Saskatchewan Hospital, P.O. Box 39, North Battleford, SK, S9A 2X8.

Saskatchewan Health Authority (Prairie North) is committed to providing a safe and healthy environment for employees, volunteers, clients and the general public. This includes the prevention of harassment and violence and the promotion of a scent-free workplace.