LAMONT HEALTH CARE CENTRE
APPLICATION FOR EMPLOYMENT

Lamont Health Care Centre
PO Box 479 5216-53 Street
Lamont AB T0B 2R0

Telephone: **(780) 895-2211**
Fax: **(780) 895-7305**

PERSONAL DATA (please print)			
LAST NAME	FIRST		MIDDLE
ADDRESS	CITY	PROVINCE	POSTAL CODE
	HOME TELEPHONE	WORK TELEPHONE	E-MAIL ADDRESS

POSITION	
POSITION APPLIED FOR	COMPETITION NUMBER (if applicable)
	DATE OF AVAILABILITY

BACKGROUND

EDUCATION LEVEL	SCHOOL NAME	HIGHEST GRADE, DIPLOMA OR DEGREE AWARDED	YEAR COMPLETED
HIGH SCHOOL			
POST SECONDARY EDUCATION (COLLEGE/TECHNICAL TRAINING)			
UNIVERSITY			
OTHER RELATED EDUCATION/TRAINING			

Are you currently registered with a Professional Association? ◯ No ◯ Yes (if "yes," please complete this section)

Assocation:_____

Certificate Number:_____

Province:_____

Do you have a current Alberta Driver's License? □ Yes □ No

Are you fluent with the English Language: □ Yes □ No

Are you fluent in other languages? □ Yes □ No

If "yes," please list:

Have you ever been employed with a Health Care Facility or Community Health Program within the Health Region?

□ No □ Yes Please list site(s):

_____

Are you available to work:	Yes	No
Shift Work	◯	◯
Weekends	◯	◯
Statutory Holidays	◯	◯

Please indicate the type of employment desired

□ Full Time □ Casual

□ Part Time □ Temp

Comments:

_____

_____

_____

_____

PREVIOUS EMPLOYMENT *(please start with most recent)*

COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)
COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)

COMMENTS:

Please attach any documentation to further support your application (i.e.; resume or letters of reference)	**Resume Attached** ◯ **YES** ◯ **NO**

APPLICANT DECLARATION

- I understand that I must provide reference information upon request.
- I understand that a Criminal Record Check is a pre-employment requirement with Lamont Health Care Centre.
- I declare that I am in good health and have no health problems or disabilities which will prevent me from meeting the requirements of the position.
- I declare that all documentation provided with my application including subsequent written or verbal information is true and complete. I understand that any misrepresentation or omission of fact may disqualify my application or be cause for immediate termination post hire.
- I understand and agree that should employment be offered, I may be required to pass a functional analysis (at my cost) to ensure I am physically and/or mentally able to perform the duties of the job.

DATE _____ SIGNATURE_____

Please return application to: Lamont Health Care Centre P.O. Box 479, 5216 – 53St. Lamont, AB, T0B 2R0
Or email application to:

Print Form