



APPLICATION FOR EMPLOYMENT

ACUTE CARE DIRECT
CORPORATE SERVICES REGIONAL

HEALTH RESOURCES /
LOCAL DEVELOPMENT TEAM

Date _____

Competition No. _____

<input type="checkbox"/> Peter Lougheed Centre	<input type="checkbox"/> Alberta Children's Hospital	<input type="checkbox"/> Grace Womens Health Centre	<input type="checkbox"/> Community Health Resources	<input type="checkbox"/> Corporate Services (ITS, Finance, Planning, Health Records, Materials Mgmt, Facilities Serv, HumanResources)
<input type="checkbox"/> Rockyview General Hospital	<input type="checkbox"/> Foothills Medical Centre	<input type="checkbox"/> Population Health		<input type="checkbox"/> Corporate Administration
<input type="checkbox"/> Colonel Belcher Veterans Care Centre				<input type="checkbox"/> Regional Development Team

Send To:
Department of Human Resources
10101 Southport Road SW
Calgary, Alberta T2W 3N2
Fax: [403] 943-1328

The personal information on this form will only be collected and shared for purposes outlined in Sections 37-41 of the Freedom of Information and Protection of Privacy Act which includes: determining eligibility for employment; determining eligibility for CRHA programs and services; for programs designed to evaluate and improve CRHA programs and services; for the operation of approved CRHA education and research programs and services; and for legal requirements where these purposes are consistent with the FOIPP Act and under the Alberta Labour Relations and Employment Standards Codes. If you have any questions regarding the collection of information you may contact the CRHA Information and Privacy Coordinator, 10101 Southport Road SW, Calgary, AB T2W 3N2

POSITION APPLIED FOR (LIST IN ORDER OF PREFERENCE)		TYPE OF EMPLOYMENT <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Relief (Casual)		
		SHIFT AVAILABILITY <input type="checkbox"/> Rotating <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> Days		
SURNAME		FIRST NAME		MIDDLE NAME
ADDRESS				
CITY		PROVINCE	POSTAL CODE	
TELEPHONE (HOME)	TELEPHONE (BUSINESS)		ARE YOU FLUENT IN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CURRENTLY OR HAVE YOU BEEN EMPLOYED WITH C.R.H.A.? IF YES, LIST DATES & LOCATION				
If unsuccessful on the competition you have applied on, do you wish to have your application forwarded to other CRHA sites and managers? <input type="checkbox"/> YES <input type="checkbox"/> NO Initials _____				

PROFESSIONAL ASSOCIATION / REGISTRATION

REGISTRATION	EXPIRY DATE	PROVINCE AND REGISTRATION NUMBER
R.N. / L.P.N.		
R.T., TRADE		
OTHER		

EDUCATION	NAME & LOCATION OF INSTITUTION	DEGREE/DIPLOMA or GRADES COMPLETED
HIGH SCHOOL		
POST SECONDARY (University, College, School of Nursing, Technical/Business, etc.)		
OTHER COURSES		
SKILLS	<input type="checkbox"/> Typing - WPM _____ <input type="checkbox"/> CPR/BCLS/ACLS (Date _____) <input type="checkbox"/> Dictaphone WPM _____ <input type="checkbox"/> Computer Skills <input type="checkbox"/> Medical Terminology _____ Model/Software _____ <input type="checkbox"/> Shorthand WPM _____ <input type="checkbox"/> Data Entry _____ Keystrokes / Touch	

EMPLOYMENT HISTORY

LAST POSITION	NAME AND ADDRESS OF EMPLOYER		POSTAL CODE	
TELEPHONE	NAME OF SUPERVISOR	POSITION HELD	FROM (YY/MM)	TO (YY/MM)
DUTIES	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temp		REASON FOR LEAVING	

2nd LAST POSITION	NAME AND ADDRESS OF EMPLOYER		POSTAL CODE	
TELEPHONE	NAME OF SUPERVISOR	POSITION HELD	FROM (YY/MM)	TO (YY/MM)
DUTIES	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temp		REASON FOR LEAVING	

3rd LAST POSITION	NAME AND ADDRESS OF EMPLOYER		POSTAL CODE	
TELEPHONE	NAME OF SUPERVISOR	POSITION HELD	FROM (YY/MM)	TO (YY/MM)
DUTIES	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temp		REASON FOR LEAVING	

ADDITIONAL COMMENTS

CONSENT FOR RELEASE OF INFORMATION / EMPLOYMENT REFERENCE

I am applying for employment with the Calgary Regional Health Authority and I hereby authorize my previous employers to release personal information to the Calgary Regional Health Authority any information relating to my employment and / or educational background.

PREVIOUS EMPLOYERS	SUPERVISOR	PHONE NUMBER

DATE _____ SIGNATURE _____

CONDITIONS OF EMPLOYMENT

1. ALL NEW EMPLOYEES TO CRHA ARE RESPONSIBLE FOR THE COST AND PROVISION OF A CRIMINAL RECORDS CHECK IN COMPLIANCE WITH THE PROTECTION FOR PERSONS IN CARE ACT.
2. INITIAL AND CONTINUED EMPLOYMENT AT THE CALGARY REGIONAL HEALTH AUTHORITY WILL DEPEND ON MY ABILITY TO MEET THE HEALTH REQUIREMENTS.
3. ENROLLMENT IN GROUP BENEFIT PLANS IS COMPULSORY FOR ELIGIBLE EMPLOYEES AND WILL BE IN ACCORDANCE WITH THE POLICIES AND REGULATIONS OF THOSE PLANS.
4. I UNDERSTAND THAT WHERE THERE IS PROVISION FOR RECOGNITION OF PREVIOUS EXPERIENCE FOR THE DETERMINATION OF SALARY AND/OR PORTABILITY OF BENEFITS, I WILL BE REQUIRED TO PROVIDE WRITTEN CONFIRMATION FROM MY PREVIOUS EMPLOYERS REGARDING MY EXPERIENCE AND BENEFITS WITHIN ONE (1) MONTH OF THE DATE OF EMPLOYMENT.
5. I UNDERSTAND THAT IN ORDER TO RECEIVE RECOGNITION FOR EDUCATIONAL QUALIFICATION, I MUST PROVIDE A COPY OF MY CERTIFICATE, DIPLOMA OR DEGREE.
6. **YOUR EMPLOYMENT OPPORTUNITIES WITHIN THE REGION MAY BE LIMITED IF YOU HAVE RECEIVED A SEVERANCE PAYMENT WITHIN THE LAST YEAR. PLEASE INDICATE IF YOU HAVE RECEIVED A SEVERANCE PAYMENT FROM THE CALGARY REGIONAL HEALTH AUTHORITY:**

NO

YES - (Date Received _____)

I HEREBY CERTIFY THAT THE INFORMATION AND ANSWERS GIVEN BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE IN EVERY RESPECT AND I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME MAY BE GROUNDS FOR TERMINATION OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF I AM HIRED I WILL BE REQUIRED TO PROVIDE PERSONAL INFORMATION - INCLUDING MY BIRTHDATE, SEX, S.I.N. NUMBER, A.H.C.I.C NUMBER, EMERGENCY CONTACT, MARITAL STATUS, NAMES OF SPOUSE AND DEPENDENTS.

Signature _____

Date _____

Thank you for applying to The Calgary Health Region. Unless you are contacted for an interview, you will receive no further acknowledgment of your application.

TO BE COMPLETED BY HIRING DEPARTMENT

PERSONAL INFORMATION (AFTER HIRE)

Employee Name (Last Name, First Name)		Pay Team	
Birth Date (yyyy/mm/dd)		SIN	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Emergency Contact		Emergency Contact Phone #
Marital Status _____			()
Commencement Date (yyyy/mm/dd)	Competition Number	Relocation Eligibility	
		<input type="checkbox"/> No	
Employee Type		<input type="checkbox"/> Yes \$ _____ (amount)	
<input type="checkbox"/> 1 Regular Full Time		Relocating From _____ (province/country)	
<input type="checkbox"/> 2 Regular Part Time (FTE) _____			
<input type="checkbox"/> 3 Casual		<input type="checkbox"/> 6 Student	
<input type="checkbox"/> 4 Temporary Full Time (End Date) _____		<input type="checkbox"/> 7 Residents	
<input type="checkbox"/> 5 Temporary Part Time (End Date) _____		<input type="checkbox"/> 8 Medical / Honorarium	
(FTE) _____		<input type="checkbox"/> 9 Recall	
Union			
Functional Centre		Functional Centre Name	
Hours/Shift		Shifts/Cycle	Length of Shift Cycle
Hours/Pay Period			
Location/Site <input type="checkbox"/> ACH <input type="checkbox"/> CBVCC <input type="checkbox"/> FMC <input type="checkbox"/> PLC <input type="checkbox"/> RGH <input type="checkbox"/> Place 9-6			
<input type="checkbox"/> 7th Ave <input type="checkbox"/> MP 1 <input type="checkbox"/> Centre 15 <input type="checkbox"/> Courtyard <input type="checkbox"/> Other _____			
Timesheet Distribution		Autopaid <input type="checkbox"/> Yes <input type="checkbox"/> No	
Labour Class		Labour Class Title	
Rate Code		Rate/Hour	
Step		Documentation II: Prev. Exp. <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach Documents)	
		Education Allowance <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach Documents)	
		Car Allowance (CHR / PH only) \$ _____	
<input type="checkbox"/> Criminal Record Check Attached		<input type="checkbox"/> Occupational Health Appointment Scheduled	
<input type="checkbox"/> Licences/Certificates Attached		<input type="checkbox"/> Orientation Date _____	
Authorization (Hiring Manager)		Date	Phone Number
INITIAL	PLEASE PRINT NAME		
Human Resources Department Use Only			
Employee Number	Union Vac. Level	Vac. Level Hours	Vac. Anniversary Date
Increment Carryover	Education Allow Code	Rate/Hour	Eligible for Benefits?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Resources Authorization		Date	

DISTRIBUTION: Send completed form to Human Resources (Applicable Site)