

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last name:		First Name and Initial:	
Street:			Unit. No.
City:		Province:	Postal Code:
Home Phone:	Alternate:		E-mail:
Are you a current or former Michael Garron Hospital employee or volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, complete the following, as applicable:			
Department/Unit:		Date of Hire:	Date of Departure:
Reason for leaving:			
Do you have any relatives employed at Michael Garron Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	Relationship	Department/Unit	

Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a federal criminal offence for which you have not received a pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AVAILABILITY AND HOURS OF WORK APPLIED FOR

Please specify availability to work.		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Summer	<input type="checkbox"/> Temporary
Date available to start:		Are you available to work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No, please indicate availability:		<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends	

HOW DID YOU LEARN OF A VACANCY AT MICHAEL GARRON HOSPITAL?

Job / Career Fair <input type="checkbox"/>	Employee Referral <input type="checkbox"/>	MGH Website <input type="checkbox"/>
Please specify.	Referred by:	Other:
Workopolis <input type="checkbox"/>	Indeed <input type="checkbox"/>	

REGISTRATION INFORMATION

Do you hold a current Ontario registration for your discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No			Specify College:
Registration number:		Expiry date:	
If not, are you eligible for registration in Ontario?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Exam date: (if applicable)
Do you hold a current CPR [BLS (C)] certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date:

CONDITIONS OF EMPLOYMENT

1. I hereby authorize the Michael Garron Hospital to obtain references and information regarding my employment or education as well as other pertinent information which may be available from any or all of my previous employers and/or schools I have attended, in connection with my application for employment. I agree that no liability or damage shall accrue to the above mentioned references as a consequence of their issuing this information.

Understood and Agreed ☐ Yes ☐ No

2. Following a written offer of employment, I recognize and agree to undergo a health review including a physical examination by the Hospital's Occupational Health and Safety Department in order to establish my fitness to perform the essential duties for the position.

Understood and Agreed ☐ Yes ☐ No

3. I will comply with all the rules, policies and regulations pertaining to Michael Garron Hospital. I recognize and agree to have my photograph taken and to wear my photo ID badge for safety and security purposes while on Hospital premises.

Understood and Agreed ☐ Yes ☐ No

4. If offered and eligible, and subject to the terms of relevant collective agreements and Hospital policies, I agree to join the Michael Garron Hospital Pension Plan (HOOPP) and other Benefit Plans after completing the required waiting period.

Understood and Agreed ☐ Yes ☐ No

5. I recognize and agree to receive payment of wages by direct deposit to my account at a participating financial institution.

Understood and Agreed ☐ Yes ☐ No

6. I understand that I will be required to complete a period of probation.

Understood and Agreed ☐ Yes ☐ No

7. Subject to accepting a written offer of employment, I consent to Michael Garron Hospital to conduct a criminal record check. I further consent to Michael Garron Hospital to conduct a criminal record check every three (3) years after commencing employment with Michael Garron Hospital.

Understood and Agreed ☐ Yes ☐ No

8. I understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for termination from Michael Garron Hospital.

Understood and Agreed ☐ Yes ☐ No

Applicant Signature:

Date:

Please send us your resume, cover letter and application form to hr@tehn.ca. Include the posting number in the subject line of your email. Any e-mail attachments must be in MS Word (.doc), PDF(.pdf), Rich Text (.rtf) or Plain Text (.txt) format, and less than 1MB in size.

An application form must be filled out in order to be considered for a position. Please note only electronic applications will be accepted - we thank you for working with us in becoming a paperless organization.

For further information, please contact Human Resources at (416) 469-6323.