



Human Resources 270 Bradbrooke Drive
Yorkton, Saskatchewan, CANADA S3N 2K6
Tel: (306) 786-0740 Fax: (306) 786-0741
Email: resume@shr.sk.ca
www.sunrisehealthregion.sk.ca

APPLICATION FOR EMPLOYMENT

Preferences (check all applicable)

- Acute Care, Long-term Care, Mental Health, Public Health, Home Care, Administration, Support Services, Maintenance, Dietary, Laundry, Housekeeping, Other:

Locations (check all applicable)

- Canora, Melville, Esterhazy, Norquay, Foam Lake, Preeceville, Invermay, Saltcoats, Ituna, Theodore, Kamsack, Yorkton, Langenburg

Employment Type (check all applicable)

- All/Any, Relief/Casual, Full-time, Temporary, Part-time, Student

Shift Availability (check all applicable)

- YES (All/Any), Nights, Days, Weekends, Evenings

Date Available: This application form is valid for six (6) months.

PERSONAL INFORMATION

NAME: (Last) (Given/First) (Middle Initial)

ADDRESS: (Mailing Address) (City) (Province) (Postal Code)

PHONE: Home: Business: Cellular:

EMAIL:

EMPLOYMENT DESIRED

Classification/Position applied for: 1st Choice: _____

2nd Choice: _____ 3rd Choice: _____

Posting Number (if applicable): _____

CLINICAL PREFERENCES (Nursing applicants):

1 _____ 2 _____ 3 _____

FORMAL EDUCATION

	Name/Location	Number Years Attended	Diploma/Degree/Certificate	Course of Study
Secondary (High School)				
Business/Trade/Technical				
College/University				

Describe any additional skills, training or knowledge you have related to the position you are applying for.

CLERICAL (complete if applicable)

Typing Speed: _____ wpm

Dictaphone Experience: Yes No

Have you taken an office course? Yes No If Yes, where? _____

Have you taken a Medical Terminology course? Yes No If Yes, where? _____

Computer/Word Processing experience? Yes No Programs: _____

List business machines you are capable of operating: _____

REPRESENTATIVE WORKFORCE COMMITMENT (This section is voluntary; you are not required to complete it)

Sunrise Health Region is committed to a representative workforce, where all members of society have fair access to employment and economic opportunities so that there can be representation at all occupation levels and sectors of the economy in proportion to their numbers in the population of our communities.

Gender: Male Female **Do you consider yourself to be of Aboriginal ancestry?** Yes No
Aboriginal peoples: identify themselves as [First Nations], [Métis] or [Inuit]

Do you consider yourself to be a member of a visible minority? Yes No

"Individuals other than Aboriginal people who are of color." Examples may be persons of African, Chinese, Filipino, Japanese, Korean, East Asian, Pacific Islander, Southeast Asian, West Asian, Arab or Latin American ancestry.

Do you have a disability which will affect your ability to perform any of the functions of the position for which you have applied? Yes No

If the answer to the above is "YES", what functions can you not perform and what accommodations could be made which would allow you to do the work adequately? _____

After an offer of employment has been made in writing, a Medical Examination may be conducted if it can be shown that a certain physical ability is required for the specific job in question, and all employees offered the same or similar positions are required to take the same Medical Examination.

LIST ALL EMPLOYMENT, BEGINNING WITH MOST RECENT POSITIONS

Name of Organization: _____ Phone: _____
Address: _____ Position: _____
Name of immediate supervisor: _____ **Duration**
From: _____ To: _____
Brief summary of duties: _____
Reason for Leaving: _____

Name of Organization: _____ Phone: _____
Address: _____ Position: _____
Name of immediate supervisor: _____ **Duration**
From: _____ To: _____
Brief summary of duties: _____
Reason for Leaving: _____

Name of Organization: _____ Phone: _____
Address: _____ Position: _____
Name of immediate supervisor: _____ **Duration**
From: _____ To: _____
Brief summary of duties: _____
Reason for Leaving: _____

Name of Organization: _____ Phone: _____
Address: _____ Position: _____
Name of immediate supervisor: _____ **Duration**
From: _____ To: _____
Brief summary of duties: _____
Reason for Leaving: _____

Name of Organization: _____ Phone: _____
Address: _____ Position: _____
Name of immediate supervisor: _____ **Duration**
From: _____ To: _____
Brief summary of duties: _____
Reason for Leaving: _____

REFERENCES

May we contact your present employer? Yes No Your former employer(s)? Yes No

Additional references we may contact:

Name	Occupation	Relationship	Contact Number

Are you legally eligible to work in a Canadian Health Care Agency/Facility? Yes No

NOTE: PERSONS ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADIAN HEALTH CARE AGENCIES/FACILITIES ARE 16 YEARS OF AGE OR OLDER AND ARE CANADIAN CITIZENS, LANDED IMMIGRANTS OR HOLDERS OF VALID WORK PERMITS.

Have you ever worked for Sunrise Health Region or an affiliate organization? Yes No

If Yes, where? _____ When? _____

CONDITIONS OF EMPLOYMENT

1. A current Criminal Record Check - at your own expense and provision - is required prior to an offer of employment being presented. (Record Check must be less than one (1) year old).
2. Attendance at a pre-employment meeting.
3. Attendance at General Orientation.
4. Successful completion of a Probationary Period.
5. All employees are required to join and pay for Benefit Plans appropriate to their position and status.
6. All deductions required by Law will be made from each pay cheque.



PLEASE BE ADVISED THAT ALL FACILITIES WITHIN THE SUNRISE HEALTH REGION ARE SCENT-FREE

I, _____, hereby give permission to Sunrise Health Region to obtain information regarding my previous employment and/or educational background. I certify that the facts set forth in the above Employment Application are true and complete. I understand and agree that if employed, falsified statements on the application shall be considered sufficient cause for dismissal. A copy of this permission slip shall be as valid as the original.

Signature: _____

Date: _____

Our thanks is extended to all applicants; however only those selected for an interview will be contacted.