



# Mount St. Joseph Nursing Home

51 Lobban Ave., Miramichi, NB, E1N 2W8  
Telephone (506) 778-6550 Fax (506) 778-0193

*Mount Saint Joseph is a community of dedicated persons who provide living options with:  
Compassion, Independence, Respect & Dignity...in His Image*

## **APPLICATION FOR EMPLOYMENT**

*(Please attach resume if available)*

<b>PERSONAL</b>			
<b>Name</b>			
_____			
<i>Initial</i>	<i>Last</i>	<i>First</i>	<i>Middle</i>
_____	_____	_____	_____
<b>Address</b>			
_____			
<i>Street</i>	<i>City</i>	<i>Postal Code</i>	
_____	_____	_____	
<b>Telephone</b>			
_____			
<i>Home</i>	<i>Cell</i>	<i>Other</i>	
_____	_____	_____	

<b>Department Applied For:</b>	<input type="checkbox"/> Administration	<input type="checkbox"/> Housekeeping	
	<input type="checkbox"/> Dietary	<input type="checkbox"/> Maintenance	
	<input type="checkbox"/> Nursing	<input type="checkbox"/> Recreation	
<b>Work Availability:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part time	
<b>Shift Work</b>	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
	_____	_____	_____
<b>On what date will you be able to start work?</b>	_____		
<b>Do you have a reliable means of transportation?</b>	_____		
<b>Are you willing to provide a recent criminal background check?</b>	_____		
<b>Are you willing to provide a completed medical form?</b>	_____		

### **EDUCATION BACKGROUND** *(Not necessary if resume is attached)*

	<b>High School</b>	<b>Undergraduate College/University</b>	<b>Graduate/ Professional</b>
<b>Years Completed</b>			
<b>Diploma/Degree</b>			
<b>Describe course of</b>			



# Mount St. Joseph Nursing Home

51 Lobban Ave., Miramichi, NB, E1N 2W8  
Telephone (506) 778-6550 Fax (506) 778-0193

<b>Study (Do not give name of school)</b>			
<b>Describe any specialized training</b>			

### **PRIOR WORK HISTORY (List in order, last or present employer first)**

*Please include a contact number for the supervisors mentioned.*

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			

**Are there any of the above mentioned employers you wish not to be contacted?**

\_\_\_\_\_

—

*Is there any further information you wish to include that will help us to determine your eligibility for employment?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**



# Mount St. Joseph Nursing Home

51 Lobban Ave., Miramichi, NB, E1N 2W8

Telephone (506) 778-6550 Fax (506) 778-0193

*I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements in this application shall be considered sufficient cause for dismissal.*

**Signature of Applicant:** \_\_\_\_\_