



Kateri Memorial Hospital Centre
Tehsakotitsén:tha
P.O. Box 10, Kahnawake, Que., J0L 1B0
Tel.: (450) 638-3930
Fax: (450) 638-4634
Website: kmhc.ca

APPLICATION FOR EMPLOYMENT

Name: _____
Last Name *First Name* *Middle Name*

Address: _____

Telephone: _____ **Cell:** _____

E-Mail: _____

Type of Work Sought: _____

Full-time **Part-Time** **Availability/On-Call** *(Please select all that apply)*

Date on which you would be ready to work: _____

Can you work any shift if required (if not, please explain): _____

Have you worked for us before? _____ **If yes, when?** _____

What experience, skills or qualifications do you possess that would make you a good candidate for a position at KMHC? _____

EDUCATIONAL BACKGROUND

Type of School	Name and Address	From	To	Diploma Attained	Course or Major
Secondary					
College					
Post Graduate					
Business/Trade					
Other					

EMPLOYMENT HISTORY *(Please list most recent employers first)*

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason For Leaving
From	To			

Please describe in detail the work you did: _____

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason For Leaving
From	To			

Please describe in detail the work you did: _____

EMPLOYMENT HISTORY CONTINUED

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason For Leaving
From	To			

Please describe in detail the work you did: _____

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason For Leaving
From	To			

Please describe in detail the work you did: _____

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason For Leaving
From	To			

Please describe in detail the work you did: _____

REFERENCES

Please give the names and contact information of a minimum of 3 references who can supply information pertinent to your work performance (*excluding relatives*):

Name and Occupation	Address	Telephone Number

I authorize the Kateri Memorial Hospital Centre to call or write to my present/former employers and/or references and I consent to a medical examination. It is understood that unfavorable reports in either of these areas could prevent employment.

I, the undersigned, declare that the information provided in this application is true. I understand that any deliberate misrepresentation of facts will lead to the rejection of this application, or, if such be the case, immediate dismissal.

I will not disclose, either during or at any time subsequent to my employment, or authorize the disclosure of confidential information or knowledge concerning any matter of which I may become aware of relating to clients/residents or to the business of the hospital.

In consideration of my appointment, I hereby agree to conform to the rules and regulations of the hospital while in its employ.

Date

Signature