



Tehsakotitsén:tha

Kateri Memorial Hospital Centre

P.O. Box 10, Kahnawake, QC J0L 1B0

Tel: (450) 638-8930 Fax: (450) 638-4634

www.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 (Copies of certificates, diplomas and/or degrees must be provided)

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: _____

LANGUAGE PROFICIENCY *(Please check all that apply)*

Language	Level of Competence	Speaking	Reading	Writing
Kanien'ke:ha	Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Some knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Some knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Some knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Please provide the names and contact information for 3 professional references who can supply information pertinent to your work performance (*excluding relatives*):

Name, Occupation & Organization	E-Mail Address	Telephone Number(s)

I, the undersigned, declare that the information provided in this application is true and accurate. I authorize the Kateri Memorial Hospital Centre (KMHC) to contact any of the organizations listed on this application to verify past/present employment and/or my educational background. Furthermore, I authorize KMHC to call or write my professional references to conduct a reference interview and I consent to a medical examination and security check.

I understand that any employment offer can be made conditional upon my successful completion of interviews, ability tests, psychological tests, security checks and medical examinations for the purpose of evaluating my professional ability to perform the tasks and discharge the responsibilities related to the employment to which I could be offered.

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 agree to present a valid Canadian Social Insurance Number after an offer of employment has been made, and I attest that I am legally eligible to work in Canada.

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 KMHC.

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

Date

Signature