



**EXTERNAL APPLICATION FOR EMPLOYMENT**

(Considered Confidential)

To be completed by those employees **NOT** currently employed by Prairie Mountain Health

**Human Resources Recruitment Offices:**

<b>Shoal Lake</b> Box 310 Shoal Lake, MB R0J 1Z0 Fax: 204-759-3264 E-mail: <a href="mailto:shhumanresources@pmh-mb.ca">shhumanresources@pmh-mb.ca</a>	<b>Brandon</b> 150 McTavish Ave E. Brandon, MB R7A 2B3 Fax: 204-578-4937 Email: <a href="mailto:brhumanresources@pmh-mb.ca">brhumanresources@pmh-mb.ca</a>	<b>Swan River</b> Box 448 Swan River, MB R0L 1Z0 Fax: 204-629-3481 Email: <a href="mailto:swhumanresources@pmh-mb.ca">swhumanresources@pmh-mb.ca</a>	<b>Dauphin</b> 625-3 <sup>rd</sup> St. SW Dauphin, MB R7N 1R7 Fax: 204-629-3408 Email: <a href="mailto:dahumanresources@pmh-mb.ca">dahumanresources@pmh-mb.ca</a>
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Position Information:	
Position Number (if applicable):	Date:
Position Applying For:	Site/Program interested in working in:
Type of work preferred (check all that are suitable): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Term <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <b>Can you work weekends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever been employed at any facility/program within Prairie Mountain Health?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what location/department and when?

Personal Information:		
Last Name:	Given Names:	Previous Last Name:
Address:	Town/City:	Province: Postal Code:
Telephone:	Alternate Telephone:	Email:
<b>Do you have any disabilities that may affect your employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____		
<b>Are you legally entitled to work in Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Which do you possess: <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Landed Immigrant Status <input type="checkbox"/> Work Permit    Permit Expiry Date: _____		
<b>Have you ever been charged with a criminal or other offence for which a pardon has not been granted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give particulars of the charge, date and result in each case: _____		

Education/Qualifications:		
Elementary or High School		
Highest Grade Completed:	Name of School:	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
University/College		
Name and Location:	Certification/Diploma/Degree(s):	Year(s) Graduated:
Describe course(s) of study:		
<b>*All positions regulated by a licensing body must obtain license/registration for the Province of Manitoba.</b>		
Licensing Body:	License/Registration No:	Expiry date of License/Registration:
Computer Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Programs Used:	

Other training/job skills/courses which add to your personal qualifications:

Are you currently certified in Basic Life Support (BLS) Level C within the last year?  Yes  No  
 Last certification date: \_\_\_\_\_ Do you have Heart Saver Certification?  Yes  No  
 Additional Languages (if able to act as interpretive services): \_\_\_\_\_

Do you have a valid Driver's license?  Yes  No Do you have use of a vehicle?  Yes  No

**Employment History (list your last 2 places of employment starting with the most recent):**

Name of Company:	Position/Department:
Address:	Phone:
Date Employed: From _____ To _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Reason for leaving:
Telephone:	
Email:	
Briefly describe duties/responsibilities:	

Name of Company:	Position/Department:
Address:	Phone:
Date Employed: From _____ To _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Reason for leaving:
Telephone:	
Email:	
Briefly describe duties/responsibilities:	

**Self-Declaration:**

Prairie Mountain Health encourages all people to self-identify by completing the voluntary self-declaration below:

I am not of Indigenous descent  
 I declare myself to be of Indigenous descent  
 If yes, please select one of the following:  Non-Status  Metis  Inuit  First Nations  
 Skip this section

**Applicant Declaration and Consent:**

- I understand that the information provided by me in this application for employment to Prairie Mountain Health constitutes material and important representation by me intended to induce Prairie Mountain Health to enter into contract of employment with me. I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that any false or misleading statement on this application shall be considered just cause for termination of my employment without notice if I am employed with Prairie Mountain Health. I also hereby authorize the release to Prairie Mountain Health, or its representative, and/or all information which may be requested by them regarding my past or present mental, physical or other condition, history or treatment, and to furnish them with any records in respect of the same.
- Employment with Prairie Mountain Health is subject to a Criminal Record Check (including vulnerable sector), Child Abuse Registry Check and Adult Abuse Registry Check. Costs incurred for such checks are the responsibility of the applicant. (Disclosure of a criminal record may not preclude me from the position for which I may be considered.)

I have read and agree with the above statements  
*\*\*Please be advised that the sending of this application electronically will be considered the Signature of the Applicant*

**Reminder: Please attach a current resume.**

**Thank you for considering Prairie Mountain Health as a potential employer!**  
**We thank all applicants for applying however only those selected for an interview will be contacted.**