

Employment Application

Augury Healthcare

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Postal Code

Home Phone: () _____ Cell Phone: () _____

Position Applied for: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Rate: \$ _____

Are you a citizen of Canada ? YES NO If no, are you authorized to work in Canada ? YES NO

Have you ever been convicted of a crime of cruelty to persons? YES NO Have you ever been convicted of a crime of assault of a victim sixty years or older? YES NO

Have you ever worked for this company? YES NO Have you ever been convicted of a felony? YES NO

Have you ever been subject to any decision imposing disciplinary actions by the licensing agency in any province? YES NO

If yes to any above, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting : \$ _____ Ending : \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Previous Employment (cont.)

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

Reference checks are required on all applicants prior to employment. I understand that Augury Healthcare will make inquiry of my former employers and I agree not to hold Augury Healthcare liable for such inquiries regarding my experience, character, and reasons for leaving any and all past employments.

I understand that any offer of employment is contingent upon Augury Healthcare receipt of satisfactory references, satisfactory outcome of background and drug screening, and complying with any and all documentation required.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____