



Kings Regional Rehabilitation Centre

1349 County Home Road
 P.O. Box 128, Waterville
 Nova Scotia B0P 1V0

Telephone: (902) 538-3103 Website: krrc.nsnet.org Fax: (902) 538-7022

Application for Employment

DATE RECEIVED

POSITION INFORMATION	
Position Applied For:	Position #:

PERSONAL INFORMATION			
Surname		Given Names	
Civic Address	Town/City	Province	Postal Code
Residence Telephone ()	Cellular Telephone ()	E-Mail Address	
Have you ever been convicted for a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION AND TRAINING				
Please describe secondary, post secondary and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed.				
INSTITUTION ATTENDED	DIPLOMA /DEGREE	AREA OF STUDY/COURSE	GRADUATED	
			YES/NO	YEAR

Do you have the following courses?	
<input type="checkbox"/> Medication Awareness <input type="checkbox"/> Standard First Aid / CPR Level C <input type="checkbox"/> Individual Program Planning <input type="checkbox"/> Non-Violent Crisis Intervention <input type="checkbox"/> Non-Aversive Behaviour Change <input type="checkbox"/> Other	<u>Date Completed</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

PLEASE PROVIDE COPIES OF CERTIFICATES

OTHER EDUCATION, TRAINING:

EMPLOYMENT HISTORY: List below, beginning with most recent.

Name & Address of Business:

Telephone:

Contact:

Job Title:

Employed from (mo./yr.)

to

Duties/Responsibilities:

Salary:

Reason for Leaving:

Name & Address of Business:

Telephone:

Contact:

Job Title:

Employed from (mo./yr.)

to

Duties/Responsibilities:

Salary:

Reason for Leaving:

Name & Address of Business:

Telephone:

Contact:

Job Title:

Employed from (mo./yr.)

to

Duties/Responsibilities:

Salary:

Reason for Leaving:

Name & Address of Business:

Telephone:

Contact:

Job Title:

Employed from (mo./yr.)

to

Duties/Responsibilities:

Salary:

Reason for Leaving:

REFERENCES

Name	Address	Relationship	Telephone

CERTIFICATION

My signature on this application certifies that the above information is true. My signature also authorizes Kings Regional Rehabilitation Centre to conduct any necessary inquiries into this or any other information required to determine my suitability for employment. I also understand that if employed, any false statements on this application can be considered sufficient reason for dismissal.

Applicant's Signature

Date

PRE-EMPLOYMENT HEALTH SCREENING:

Pre-employment vaccination with Hepatitis B vaccine and a Tetanus booster are the employee's responsibility and are recommended. Annual influenza immunization will be provided as well as baseline tuberculin testing.

We thank all applicants for their interest, however, only those selected for interviews will be contacted. Applications will remain active for three (3) months upon receipt.