



Kings Regional Rehabilitation Centre

Developing Potential ~ Improving Lives

1349 County Home Road
PO Box 128, Waterville
Nova Scotia B0P 1V0

Phone: 902-538-3103
Fax: 902-538-7022
Web: www.krrc.ns.ca

Application for Employment

Office use: 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?

Yes No

Do you have a valid driver's license? Yes No

EDUCATION AND TRAINING

Please describe secondary, post secondary education and any training which has 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?

Date Completed

- Medication Awareness
- Standard First Aid / CPR Level C
- Individual Program Planning
- Non-Violent Crisis Intervention
- Non-Aversive Behaviour Change
- Other

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.