



# MEDICAL EMPLOYMENT APPLICATION

## Personal

<b>Name</b>			
First Name		Last Name	
<b>Address</b>			
#/Street/PO Box		City/Town	Prov   Postal Code
<b>Phone #</b> (    )		<b>Cell #</b> (    )	
<b>Email:</b>		<b>Alternate Email:</b>	
<b>Position Applying For:</b>	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Casual	<input type="radio"/> EMR <input type="radio"/> EMT <input type="radio"/> PCP <input type="radio"/> ACP	<input type="radio"/> LPN <input type="radio"/> RN <input type="radio"/> RN/NP
<b>Do you possess a valid Driver's License?</b> <input type="radio"/> Yes <input type="radio"/> No    Class:            Province(s):			
<b>Are you legally authorized to work in Canada?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Are you bondable?</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>Professional License Number(s):</b>		<b>Provinces Currently Licensed Without Restriction to Work In:</b>	
<b>Disciplinary Action and/or License Limitations</b> Has your license been cancelled, suspended, restricted or subject to individual terms and conditions by a regulatory authority or health profession in any jurisdiction in the past three (3) years? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details:			
<b>Criminal Record Check – Vulnerable Sector</b> Have you, within the last year, been charged or convicted of an offence under The Criminal Code, the Controlled Drugs and Substance Act or the Food and Drugs Act? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details:			
<b>Do you have a registered vehicle for transportation?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Date Available:</b>	



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## Education

Type of School	Name/Location of School	Years Attended	Certificate or Degree
High School		From: To:	
College or Trade School		From: To:	
University		From: To:	
Other: (specify)		From: To:	
<b>Additional Training/Skills related to this position: (attach copies of all certificates)</b>			
ITLS Expiry Date: _____ CPR C-HCP Expiry Date: _____ H2S Alive/EGSO/Wildlife Awareness Training/Confined Space/PST or CSTS			

## Employment History

Begin with your most recent employer.

1.	
<b>Name of Employer:</b>	<b>Location:</b>
<b>Position Held:</b>	<b>Date of Employment:</b> From:                      To:
<b>Supervisor:</b>	<b>Phone #:</b> (     )
<b>Job Duties:</b>	<b>Reason for Leaving:</b>



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2.	
<b>Name of Employer:</b>	<b>Location:</b>
<b>Position Held:</b>	<b>Date of Employment:</b> From:                      To:
<b>Supervisor:</b>	<b>Phone #:</b> (      )
<b>Job Duties:</b>	<b>Reason for Leaving:</b>

3.	
<b>Name of Employer:</b>	<b>Location:</b>
<b>Position Held:</b>	<b>Date of Employment:</b> From:                      To:
<b>Supervisor:</b>	<b>Phone #:</b> (      )
<b>Job Duties:</b>	<b>Reason for Leaving:</b>

## References

Please list two (2) professional references and one (1) character reference. References must not be related to you and must have known you for a minimum of one (1) year.

	1	2	3
<b>Name:</b>			
<b>Relationship:</b>			
<b>Years Known:</b>			
<b>Phone #:</b>	(      )	(      )	(      )



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## Agreement

In signing and submitting this application, I understand that any misrepresentation or omission of facts is cause for cancellation of the application or termination of employment. I also acknowledge that I am giving my consent to have an investigation of work and personal references, and a security check conducted.

<b>Signature:</b>	<b>Date:</b>
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### Submit Application to one of the following:

**Mail:** Athabasca Basin Medical  
324 – 2555 Grasswood Road East  
Corman Park SK S7T 0K1

**Fax:** (306) 384-0977

**Email:** [medical@basinsecurity.com](mailto:medical@basinsecurity.com)

***All applications will be reviewed and only those applicants that meet our “short list” criteria will be contacted. We thank you for your interest in Athabasca Basin Security – Medical Division.***