

Name _____
 Last First Middle

Address _____
 Number Street P.O. Box

City/Town Province Postal Code

Telephone _____
 Home Work

Competition No. _____
 Position _____
 Applying for _____

Current Position _____ Employee No. _____

Permanent Full-time
 Temporary Part-time
 Casual

How do you wish to be addressed in any correspondence:
 Mr. Ms. Other _____

Name one person, not residing with you, we can contact if we are unable to contact you. _____
 Phone number _____

Languages: English: speak read write
 French: speak read write

General Education

* Please attach additional sheets if more space for education and training is needed
Secondary Education: (degrees, diplomas)

Institution	Qualifications Obtained	Major/Course	Date Obtained

Further Education & Professional Training: (certifications, advanced training)

Institution / Training Provider	Courses Studied / Qualifications Obtained	Date Obtained

Relevant Training: (in-service training, workshops)

Training Provider	Title of Course	Date Obtained

Employment Summary (please start with your current or most recent employment)

Job Title	Employer	Location / Work Unit	From Yr Mo	To Yr Mo	F/T	P/T (%)

Primary Job Duties: " _____
 " _____
 " _____
 " _____

Job Title	Employer	Location / Work Unit	From Yr Mo	To Yr Mo	F/T	P/T (%)

Primary Job Duties: " _____
 " _____
 " _____
 " _____

**Staffing Pilot
 PEI Nurses Union Positions
 Prince County Hospital**

Internal Employment Application

Applications will be screened based on information provided on this form

PLEASE COMPLETE ALL SECTIONS

Please submit a separate application for each position

Please return this application to the location indicated on the bottom of the job posting.

Screening Notes

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