



International Hospital Recruitments

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 www.ihrcanada.com

PERSONAL

Name _____
 (First) (Last) (Middle)

Address _____
 (Street) (Apt.) (City) (Province) (Postal Code)

Phone (Home) _____ Phone (Work) _____

e-mail address _____

Citizenship _____ Social Insurance Number _____

JOB SKILLS FOR NURSES

Position(s) applied for _____ Specialty _____

State(s) Interested in _____

Registration / Certification in Canada
 (Please include number&expiration date) _____

Registration / Certification/ License in USA
 (Please include State, number&expiration date) _____

Date you could begin working _____

Summarize any other special skills or qualifications CPR, ACLS, etc.

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER EDUCATION				
OTHER EDUCATION				

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____
Address _____
(Street) (City) (Province) (Postal Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____
Work Performed _____
Reason for leaving _____

2. Name of Employer _____
Address _____
(Street) (City) (Province) (Postal Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____
Work Performed _____
Reason for leaving _____

3. Name of Employer _____
Address _____
(Street) (City) (State) (Zip Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____ Starting Salary _____ Ending Salary _____
Work Performed _____
Reason for leaving _____

REFERENCES

Name	Position	Daytime Phone	e-mail address

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____