

6. A clear Certificate of Fitness from your physician Yes No
(acquired in the last 6 months)

REFERENCES:
(please provide three references from previous employers (must have supervised you))

Employer	Address/Phone Number/E-mail	Name of Person to Contact

ON-CALL (CASUAL) AVAILABILITY:

1a. Shifts you are available for: Days Eves Nights Weekdays Weekends Asleep Overnights

b. Are you available 7 days a week? Yes No

c. If you do not have full availability, please explain:

2a. Do you currently attend school OR will you be attending school in the near future? Yes No

b. If yes, where? _____

3a. Do you work anywhere else, at this time? Yes No

b. If yes, where? _____

What shifts?

CERTIFICATE: Note: this application is not valid unless signed by the applicant. Please read carefully before signing.

I certify that the information provided in this application or attachment/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue and incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

Signature: _____

Date of Application: _____