

Alfi Moris Beshay, MD, MSc, FRCP(C)
Internal Medicine & Cardiovascular Disease

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Family Name _____ First Name _____

Street Address _____ City _____

Province _____ Postal Code _____

Phone # _____ Fax # _____ E-Mail _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years or more and less than 65 years of age? Yes No

JOB INTEREST

Position being applied for _____ Date available to begin work _____

Indicate Availability To Work Full Time Part Time Temporary

If Part time please indicate availability to work: TUS WED THU MON FRI SAT SUN
AM PM AM PM AM PM AM PM AM PM AM PM AM PM

Referral Source _____

EDUCATION

| Type | Name of Program | Length of Program | Major Subject | Graduated Yes No | Degree, Diploma, or Certificate awarded |
|--|-----------------|-------------------|---------------|---------------------|--|
| High School | | | | | |
| College | | | | | |
| University | | | | | |
| Business or Trade | | | | | |
| Other Courses, Workshops, Seminars | | | | | |
| Other Licenses, Certificates, Degrees | | | | | |

WORK RELATED SKILLS

(Describe any of your work related skills, experience, or training that relate to the position being applied for.)

EMPLOYMENT HISTORY

(List previous employers beginning with most recent, attach separate sheet if needed)

Company Name _____ Business Type _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary

Functions & Responsibilities _____

Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____

Reason for Leaving: _____ May we contact: Yes No

Company Name _____ Business Type _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary

Functions & Responsibilities _____

Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____

Reason for Leaving: _____ May we contact: Yes No

Company Name _____ Business Type _____

Address _____

Supervisor _____ Supervisor Title _____

Position _____ Full Time Part Time Temporary

Functions & Responsibilities _____

Employment Dates (mm/yy): From ___/___/___ To ___/___/___ Ending Salary: _____

Reason for Leaving: _____ May we contact: Yes No

Employment Dates(includes leaves of absence related to maternity / parental leave, Workers' Compensation claims, handicap/disability, or human rights complaints)
Reason for leaving (do not include reasons related to maternity / parental leave, Workplace Safety & Insurance claims, disability, or human rights complaints)

PROFESSIONAL REFERENCES

(Please list three professional references below if different than above)

| Name | Company and Title | Business Telephone | Home Telephone |
|------|-------------------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

PERSONAL INTERESTS AND ACTIVITIES (civic, athletic etc.)

DOCUMENTATION

Have you attached an additional sheet or other documents?

Yes

No

If yes, please Specify:

DECLARATION

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Applicant Name: (Please Print) _____ **Date:** _____

Applicant Signature: _____