



Best Nursing Services

Staffing Agency for RN's, RPN's & PSW's



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Apply Online

Complete the form below or click here to download a PDF of the application form to apply by fax to 905 331-9815. Click here to download PDF viewer.

Application for Employment

Position applied for:

Date available:

Salary expected:

Please indicate the shifts for which you are available:

Days Evenings Nights Weekends

Personal Information

Name:

Street Address:

Apt No.:

City/Town:

Postal Code: Province

Home Phone:

Business Phone:

Cell Phone:

Email address:

Are you legally eligible to work in Canada? Yes No

Have you ever been convicted of a criminal offence for which you have not been pardoned?

Yes No

If yes, specify:

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Education: Secondary School

Highest grade completed:

Certificate, License, Diploma awarded?

Yes (List below) No

Best Nursing Services is a leading provider of staff for Long Term Care Facilities, Retirement Homes and Private Care.

Qualitfied, competent and professional staff RN's, RPN's, HCA's and PSW's to fill your staffing needs.

Contact Ayten Ozen at 905 464-3648 or Yvonne Griggs at 289 260-9602 for more information, or email info@bestnursing.ca.

Education: Community College

Name of Program:

Length of Program:

Diploma / Certificate:

Education: University

Name of Program:

Length of Program:

Major Subject:

License / Certificate / Degree:

Please note: A College of Nurses Registration Number and Police Check will be required if your application is accepted.

Additional Skills & Experience

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

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Employment History

Please enter your present or most recent place of employment first and continue in sequence.

Employer 1:

Address:

Telephone:

Position:

Employed from: to:

Immediate Supervisor:

May we contact? Yes No

Final Salary: (hourly)

Reason for leaving:

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Employer 2:

Address:

Telephone:

Position:

Employed from: to:

Immediate Supervisor:

May we contact? Yes No

Final Salary: (hourly)

Reason for leaving:

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Employer 3:

Address:

Telephone:

Position:

Employed from: to:

Immediate Supervisor:

May we contact? Yes No

Final Salary: (hourly)

Reason for leaving:

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Employer 4:

Address:

Telephone:

Position:

Employed from: to:

Immediate Supervisor:

May we contact? Yes No

Final Salary: (hourly)

Reason for leaving:

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Please list any additional courses, skills, interests, hobbies, special qualifications or other experiences that are relevant to the position for which you are applying for:

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Please list any references if different than present/previous employer below:

Reference 1:

Reference 2:

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

I agree with this statement.

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