

## NURSING APPLICANT QUESTIONNAIRE

Candidate's Name: \_\_\_\_\_

RN

RPN

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Thank you for submitting your application for a nursing position within St. Joseph's Care Group (SJCG). **As part of our nursing recruitment process, please answer the following questions and return the completed questionnaire to [careers.sjcg@tbh.net](mailto:careers.sjcg@tbh.net)** along with your resume and cover letter. *(If you are unable to submit via e-mail, please fax to (807) 343-4377 or mail/drop off in person to the Human Resources Department located at the Lakehead Psychiatric Hospital, 580 Algoma Street North, Thunder Bay, ON P7B 5G4.)* This questionnaire, along with your resume and cover letter, will be kept on file and reviewed for available nursing positions.

- 1. Please tell us why you are interested in working for SJCG and how a position within the Care Group will fit with your career plans.**

- 2. Please indicate your preferred area of nursing.** (If more than one, please rank in order of preference.)

Seniors' Health

Rehabilitative Care & Chronic  
Disease Management

Addictions & Mental Health

- 3. Please indicate your preferred type of employment.**

Full Time

Part Time

Casual\*

*\*Minimal shift obligation required*

[Nursing Graduate Guarantee Position\\*\\*](#)

*\*\*for nurses who have graduated  
within the previous 6 months*

- 4. Are you currently employed, or have you ever worked, at SJCG? If so, please indicate when and in what role(s)?**

- 5. Are you currently volunteering, or have you ever volunteered, for SJCG? If so, please indicate when and in what role(s)?**

**6. Please describe your educational background, including any additional courses / workshops / in-services awards / etc.**

**7. Are you employed elsewhere?**

No       Full Time       Part Time       Casual

Comments:

**8. Are you proficient with electronic / health record documentation?**

Yes       No

**9. How would you describe your computer skills?**

Basic       Intermediate       Advanced

**10. How many days have you been absent from work / school in the previous 12 months?**

Number of Days: \_\_\_\_\_

**11. Do you have a current CPR certificate?**

Yes       No      Renewal Date: \_\_\_\_\_

Comments:

12. The College of Nurses of Ontario (CNO) requires all applicants to provide a recent [Canadian Police Information Centre Criminal Record Check \(CPIC\)](#). Have you applied and obtained your CPIC?

Applied for CPIC:  Yes  No  
Obtained for CPIC:  Yes  No

Anticipated Completion Date: \_\_\_\_\_

Comments:

13. Are you legally entitled to work in Canada? (Those entitled to work in Canada are Canadian Citizens, Landed Immigrants, or holders of a valid Work Permit)

Yes  No

Comments:

14. If offered a position, when would you be able to start?

Date: \_\_\_\_\_

Comments:

15. Please provide contact information for a minimum of 3 professional and/or educational references. (References should be clinical instructors, preceptors, direct supervisors/managers, etc.)

**REFERENCE # 1**

**REFERENCE # 2**

**REFERENCE # 3**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Fax #: (if available) \_\_\_\_\_ Fax #: (if available) \_\_\_\_\_ Fax #: (if available) \_\_\_\_\_

I provide authorization for St. Joseph's Care Group to contact my references.

Please return the completed form to [careers.sjcg@tbh.net](mailto:careers.sjcg@tbh.net)  
or by fax to 343-4377 along with your resume.

Thank you for applying to St. Joseph's Care Group.  
This questionnaire, along with your resume and cover letter, will be kept on file.  
You will be contacted if you are selected for an interview.