

**UMS APPLICATION**

**FAX OVER TO 416.495.9001 OR EMAIL @** [info@umsmed.ca](mailto:info@umsmed.ca) **TODAYS DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **APPLICANT INFORMATION** | | |
| Last Name | First | **Position:** |
| Street Address | | Apt/Unit # |
| City | Prov | Postal Code |
| Phone | D.O.B | |
| Social Insurance No. | E-mail Address | |

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| **AVAILABILITY** | |
| When can you start? | Desired Salary $ |
| Available  Full time  Part time  Temporary  Permanent  Summer | |
| Shifts  7-3  3-11  11-7  7A-7P  7P-7A  Other\_\_\_\_\_\_\_ | |

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| **EDUCATION** | |
| PSW School: | Any other degree: |
| From To | Did you graduate? YES  NO  |
| College | Degree |
| From To | Did you graduate? YES  NO  |
| Post Graduate | Degree |
| From To | Did you graduate? YES  NO  |

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| **VACCANATIONS -** | | | | |
| Hepatitis B Vaccine Status  I have received the complete series  I decline at this time | | | | |
| **PREVIOUS EMPLOYMENT** | | | | |
| 1. Company | | | Phone ( ) | |
| Address | | | Supervisor | |
| Job Title | Starting Salary $ | | | Ending Salary $ |
| Responsibilities | | | | |
| Start Date / / End Date / / | | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES  NO  | | | | |

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| --- | --- | --- | --- | --- |
| 1. Company | | | Phone ( ) | |
| Address | | | Supervisor | |
| Job Title | Starting Salary $ | | | Ending Salary $ |
| Responsibilities | | | | |
| Start Date / / End Date / / | | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES  NO  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Company | | | Phone ( ) | |
| Address | | | Supervisor | |
| Job Title | Starting Salary $ | | | Ending Salary $ |
| Responsibilities | | | | |
| Start Date / / End Date / / | | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? YES  NO  | | | | |

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| **REFERENCES** | | |
| *Please list three professional references – NO FAMILY MEMBERS PLEASE* | | |
| 1. Full Name | Relationship | Phone ( ) |
| 2. Full Name | Relationship | Phone ( ) |
| 3. Full Name | Relationship | Phone ( ) |

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| **QUESTIONS** | |
| *Please check YES  or NO  to the following questions.* | |
| Have you ever been convicted of a crime that would prevent employment at a health care facility? If yes, please provide details on a blank page. | YES  NO  |
| Have you ever been convicted of a crime which resulted with you being in prison and released from prison or paroled? If yes, please provide details on a blank page. | YES  NO  |
| Do you have more than 1 year experience in the health care field? | YES  NO  |
| Do you have a legal Driver’s License? | YES  NO  |
| Do you own a vehicle? | YES  NO  |
| Are you a Canadian Citizen? | YES  NO  |
| Can you provide all current License or Certifications? | YES  NO  |

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| **SKILLS: Please check where proficient.** | | | | |
| **CLERICAL SKILLS:**  E-mar  Surge  Point Click Care | **HOSPITAL FLOORS:**  Med/Surg  Mother/Baby  Neurology  Nurse Manager  Oncology  Orthopedics  Rehab/Skilled  Pediatrics  Psychiatric  Radiology | **RETIREMENT/ NURSING HOME:**  Ministry of Labor Obligations Training  Ministry of Health/Abuse & Aggression  Crisis Prevention Intervention Training (CPI)  Whistle Blowing  WHIMIS – Fire | **SPECIFIC CLINICAL:**  Dialysis  Phlebotomy  IV Insertion Ped  IV Insertion Adult  EKG Interpretation  Ventilators  Vitals  Injections | **ALT. NURSING:**  Occupational Health  Risk Management  Insurance Company  Legal Review  Director of Care  Nurse Consultant  Telephone Triage  Staffing |

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| **DISCLAIMER** |
| I certify that all statements made in this application are true to the best of my knowledge. I understand that any falsification or misleading information given in my application may result in the termination of my employment with United Med Staffing Inc. Furthermore, I understand that my professional conduct and clinical performance is directly related to my ability to be placed on assignments for United Med Staffing Inc. I am also aware that I may be an employee of UMS or a sub-contractor for our company UMS. I authorize UMS to verify the information I have provided, and to conduct references concerning my ability, character, and past employment record. I agree to follow the policies and regulations of the College of Nursing of Ontario Guidelines and the Regulated Health Professions Act.  SIGN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**NON-COMPETE FORM**

This is a NON-COMPETE Agreement between employee and United Med Staffing. United Med Staffing is introducing you to one of its clients in good faith with the understanding that you as a United Med Staffing employee/contract worker are not allowed to work for the client or any other agencies within the client’s facility for period of 365 days of last date worked for United Med Staffing. To do so would be a breach of this agreement and there for you would be responsible in paying United Med Staffing a fee; your hourly rate times 10 x 90 days. You will also be responsible for all legal and collection Fee’s. By signing this agreement, you understand that you are signing a NON-COMPETE Agreement with Untied Med Staffing. This agreement does not allow you to work for any of our clients that we have introduced you to, within their facility or any other agency working in the facility.

**Sign: \_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**