

Thank you for your interest in employment with Northern Health's New Graduate Transition program. If you are a New Graduate RN, RPN, or are in your final year of study, we would like to learn more about your career goals.

Please take a few moments to tell us about your background and career interests.

Note: this is an expression of interest, with intent to hire. You will be contacted by Northern Health to discuss employment opportunities based on your preferences and qualifications

Submission Instructions:

Once you have completed this form, please upload it through your [ExpectMore](#) profile

Applicant information			
First name		Middle name	Last name
Current Street Address		City	Province
			Postal code
Email address (please use the email account you access most frequently)		Primary phone #	
Home Town	Program of Study	Campus Location	
Current Year of Study: Anticipated/Past Graduation Date: (mm/yy)		Name of Post-Secondary Institution	
CPR level C or Current Basic Life Support <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you actively registered in the above program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Currently in good standing in the above program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current fit testing for an N95 mask (required annually)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position preference			
Have you worked at Northern Health as an ESN in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are interested in returning to that department, please complete the details below:			
ESN Site _____ ESN Department _____ Manager Name _____			
Employment preference (select one): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unsure			
Employment desired start date: _____			
Please indicate your top 3 choices of Northern Health communities:			
Please indicate your top 3 choices of practice areas:			

Clinical Experience

Please list your clinical placements / rotations, and any volunteer, or related work experience. Please be sure to include any ESN experience.

Additional Information

Please list any additional information / considerations regarding your practice area / community choices

****Please save this form and upload it to your [ExpectMore](#) profile**

Date: _____ **Signature:** _____