

**ST. JOSEPH'S HEALTH CENTRE  
SKILLS INVENTORY SURVEY**

This information will be held strictly confidential. Please ensure that you print clearly.

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

Are you currently registered under any professional college? If so, please identify which one: \_\_\_\_\_

**All Previous Occupations/Professions/Trades (excluding your current position at SJHC)**

Position	Area	Years of Experience in this position	Date last worked in this position (or
<i>Eg. RN</i>	<i>ICU</i>	<i>5.5</i>	<i>Sept 1, 2004</i>

**Please list other Health Care facilities where you currently work**

Facility Name	Position	Status (FT, PT, Casual)

Please indicate what language(s), if any, you are fluent in other than English \_\_\_\_\_

**The Health Centre would like to ensure that we can reach you in cases of an emergency:**

Cell Phone/Pager #:	
Personal E-Mail Address:	
Emergency Contact Name:	
Emergency Contact Relation:	
Emergency Contact Phone #:	

Employee  
Signature: \_\_\_\_\_

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