

STATUTORY DECLARATION

for the purpose of
SENIORITY CALCULATION

In the event a UNA member is unable to locate supporting documents to establish an accurate start date the following statutory declaration must be filled in. With this document you swear an oath regarding your past work history. If you have had more than a six (6) month break in your employment, your state date begins subsequent to the break.

**THIS FORM MUST BE ENDORSED BY
ANY COMMISSIONER OF OATHS.**

Upon completion please keep a copy for your records and give the original to your Local President.

Name _____ Phone # _____

Address _____ Postal Code _____

UNA # _____ Current Employer _____

LIST NURSING POSITIONS IN THE PROVINCE OF ALBERTA

POSITION RN/RPN/CGN/GPN/ Undergraduate Nurse	START DATE DD/MM/YY	SITE/OFFICE	EMPLOYER	CASUAL/ TEMP./OR PERM.	END DATE DD/MM/YY

I declare the above information to be true and correct.

SIGNATURE

DATE