

## APPLICATION FOR EMPLOYMENT

Name :			Date :	_
Last	First	Middle		
Address :				
Street		City	State/Province	ZIP/Postal Code
Telephone :		_ Cell Phone :		
E-Mail Address :		Referred to u	s by	
Position(s) applied for Ca	regiver 🗌 nursin	g 🗌 Other :	Date Availa	ble :
Type of employment desired	Full-Time Part-Time Casual		Specify Days and	
If currently employed, may w	ve contact your e	employer? Ye	s No	
Rate of Pay Expected \$	per hour			
Is there a specific reason yo	u are applying fo	r employment at t	his company?	Yes No
If Yes, please briefly outline	the reason :			
Are you legally eligible for e	mployment in this	s country? Yes	s No	
Are you available to work overtime if required? Yes No				
Have you applied with this company before?  Yes  No				
If yes, when? and at what location?				
Do you have any friends or family employed at this location? Yes No				
Have you been convicted of a crime in the last seven (7) years? Yes No				
If yes, please e	explain	WILL NOT NECESSARILY BE A DI	SQUALIFICATION FOR EMPLOYM	ENT
If considered for hiring, will y			_	
If considered for hiring, will you agree to provide a drivers abstract? \( \subseteq \text{Yes} \subseteq \text{No} \)				0



## **EDUCATIONAL BACKGROUND**

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	Graduated?	DEGREE(s)/DIPLOMA(s) EARNED		
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
What Nursing or relevant designations, licenses or registrations if any, do you possess?					
Type	Date of Most Recen	t Registration	Valid in State/Province?		
-			Yes No		
Do you have the following:	CPR Yes [	No Last Ce	rtified		
	First Aid Yes No Last Certified				
WHMIS Yes No Last Certified					
PLEASE ANSWER THE FOLLOWING QUESTIONS  What do you think is the most difficult part of nursing or customer service work?					
What was the best job you ever had and why?					

What was your least favourite job and what did you dislike about it?			
Think of the BEST supervisor you have ever had,			
what characteristics made that person a good manager?			
Think of the WODST our provincer you have ever had			
Think of the WORST supervisor you have ever had, what characteristics made that person a poor manager?			
How will you be able to contribute to providing seniors with high quality care?			
Imagine you have been on your feet and working hard all day.			
A customer that you have been dealing with is rude and impatient, what do you do?			



## **EMPLOYMENT BACKGROUND**

Provide the following information beginning with the most recent employer.

	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
EMPLOYER	From	То	
ADDRESS			
	Hourly (Ra	ate/Salary)	]
JOB TITLE	Starting		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$	Per	
REASON FOR LEAVING	Hourly (Ra	ate/Salary)	
	Final		
MAY WE CONTACT FOR REFERENCE? Yes No	\$	Per	
	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
EMPLOYER	From	То	
ADDRESS			
JOB TITLE	Hourly (Ra	ate/Salary)	
JOB IIILE	Starting		-
	Sta	rting	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	Sta	rting	-
	\$		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$ Hourly (Ra	Per	

	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
EMPLOYER	From	То	
ADDRESS			
JOB TITLE	Hourly (Ra	te/Salary)	
	Star	ting	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$	Per	
REASON FOR LEAVING	Hourly (Ra	te/Salary)	
	Fir	nal	
MAY WE CONTACT FOR REFERENCE? Yes No	\$	Per	
	Dates Er	mployed	SUMMARIZE THE TYPE OF WORK
EMPLOYER	From	То	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	FIOIII	10	
ADDRESS	Hourly (Po	to/Solony)	
JOB TITLE	Hourly (Rate/Salary) Starting		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$	Per	
	Havely (Da	to (Colomi)	
REASON FOR LEAVING	Hourly (Ra		
MAY WE CONTACT FOR REFERENCE? ☐ Yes ☐ No	\$	Per	
			SUMMARIZE THE TYPE OF WORK
EMPLOYER	Dates Er		PERFORMED AND JOB RESPONSIBILITIES
	From	То	
ADDRESS			
JOB TITLE	Hourly (Rate/Salary)		
IMMEDIATE CUREDVICOR AND TITLE AND CUCNE AUTOSC	Star \$	ting Per	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER			
REASON FOR LEAVING	Hourly (Ra	te/Salary)	
MAY WE CONTACT FOR REFERENCE? ☐ Yes ☐ No	Fir \$	nal   Per	
WE CONTROL ! ON THE ENERGE: 165 100	Φ	rei	

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS AQUINTED	PHONE NUMBER

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in Canada, proof of certifications or educational qualifications, and a drivers abstract (if applicable).

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature		Date
	•	
For office use only:		