



# Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Province ZIP/Postal Code

Telephone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Referred to us by \_\_\_\_\_

Position(s) applied for Caregiver Nursing Other: \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired Full-Time  
Part-Time Please Specify Days and Hours  
Casual \_\_\_\_\_

If currently employed, may we contact your employer? Yes No

Rate of Pay Expected \$ \_\_\_\_\_ per hour

Is there a specific reason you are applying for employment at this company? Yes No

If Yes, please briefly outline the reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in this country? Yes No

Are you available to work overtime if required? Yes No

Have you applied with this company before? Yes No

Have you been employed at 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 explain \_\_\_\_\_  
CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to provide a criminal background check? Yes No

**EDUCATIONAL BACKGROUND**

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

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?		DEGREE(S)/DIPLOMA(S)
		Yes	No	EARNED
		Yes	No	
		Yes	No	
		Yes	No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Valid in State/Province ?	
		Yes	No
_____	_____		
_____	_____	Yes	No

Do you have the following:

CPR	No	Yes	Last Certified	_____
First Aid	No	Yes	Last Certified	_____
WHMIS	No	Yes	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 favorite 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 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.

EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/ SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/ SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? Yes    No    Later		\$	per	

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EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/ SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/ SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? Yes    No    Later		\$	per	

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EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/ SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/ SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? Yes    No    Later		\$	per	

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**REFERENCES**

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

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			( )
			( )
			( )

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*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 united states, proof of certifications or educational qualifications.*

*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** \_\_\_\_\_

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For office use only:

Date application received: \_\_\_\_\_

Date applicant contacted: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A 1 2 3 4 5 6 7 8 9 10

C 1 2 3 4 5 6 7 8 9 10

F 1 2 3 4 5 6 7 8 9 10

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