**Application for Employment**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_

 Casual \_\_\_

 Please Specify Days and Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far are you willing to travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 \_\_

Are you willing to travel, if so, how far? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_

If considered for hiring, will you agree to provide a drivers abstract? Yes \_\_ No \_\_ N.A. \_\_

**EDUCATIONAL BACKGROUND**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | DEGREE(s)/DIPLOMA(s) |
| SCHOOL | CITY, STATE/PROVINCE | GRADUATED? | 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Think of the BEST supervisor you have ever had; what characteristics made that person a good manager? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you be able to contribute to providing seniors with high quality care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT BACKGROUND**

Provide the following information beginning with the most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER  | TELEPHONE | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK |
|  | ( ) | FROM | TO | PERFORMED AND JOB RESPONSIBILITIES |
| 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? |  | $ | per |  |
|  Yes No Later |  |  |  |  |
| EMPLOYER | TELEPHONE | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK |
|  | ( ) | FROM | TO | PERFORMED AND JOB RESPONSIBILITIES |
| 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? |  | $ | per |  |
|  Yes No Later |  |  |  |  |
| EMPLOYER | TELEPHONE | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK |
|  | ( ) | FROM | TO | PERFORMED AND JOB RESPONSIBILITIES |
| 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? |  | $ | per |  |
|  Yes No Later |  |  |  |  |
| EMPLOYER | TELEPHONE | DATES EMPLOYED | SUMMARIZE THE TYPE OF WORK |
|  | ( ) | FROM | TO | PERFORMED AND JOB RESPONSIBILITIES |
| 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? |  | $ | per |  |
|  Yes No Later |  |  |  |  |

**REFERENCES**

List the name, relationship, number of years acquainted, and phone number of three references.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YEARS | PHONE  |
| NAME | RELATIONSHIP | ACQUAINTED | 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 in this application. I understand that any misrepresentation or omission of facts called for is the 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:

 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