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| **Jordan LifeCare Centre Inc.**  **Employment Application** | | | | | | | | | | | | | | | | | | | | | |
| Date Submitted: | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | First name: | | | | | | | | | | | | Middle Initial: | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | Prov.: | | | | | Postal Code: | | | | | | | | | | |
| Telephone: | | | | | | | | | | | Cell: | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | |
| Have you reached legal working age? | | | | | | | | | | | | Yes | | | | | No | | | | |
| Are you legally entitled to work in Canada? | | | | | | | | | | | | Yes | | | | | No | | | | |
| Have you ever been convicted of a criminal offence? | | | | | | | | | | | | Yes | | | | | No | | | | |
| Do you speak any languages other than English? | | | | | | | | | | | | Yes | | | | | No | | | | |
| If yes, please identify which languages you speak: | | | | | | | | | | | | | | | | | | | | | |
| **AVAILABILITY** | | | | | | | | | | | | | | | | | | | | | |
| Position(s) Desired: | | Nursing Care (RN, LPN, PSW) | | | | | | Environmental  (Hskp/Laundry) | | | | | | Administration/Clerical | | | | | | | |
|  | | Activity Dept. | | | | | | Nutrition  Services | | | | | |  | | | | |  | |  |
|  | Home Support  Worker | | | | | | Maintenance | | | | | | | | | | |  | |  |  |
| Available for: | Full Time | | | Part-Time | | | | | | Casual | | | Summer | | | | | | | | |
| Date Available: | | | | | | | | | | | | | | | | | | | | | |
| Have you previously been employed by the Jordan LifeCare Centre Inc.? | | | | | Yes  No | | | | Dept: | | | | | | Dates: | | | | | | |
| **Do you have any friends or relatives employed by Jordan LifeCare Centre Inc.?**  ***If yes, please list*** | | | | | | | | | | | | | | | | | | | | | |
| Name | | | Relationship | | | | | | Dept | | | | | | Number of years known | | | | | | |
|  | | |  | | | | | |  | | | | | |  | | | | | | |
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| **EDUCATION** | **Employment at the Jordan LifeCare Centre Inc. Requires a minimum of the completion of Grade 12.**  ***Confirmation of completion may be requested.*** | | | |
|  | Name of Institution | Field of Study | Degree/Diploma Received | Year Obtained |
| High School |  |  |  |  |
| Post-Secondary Education |  |  |  |  |
| Post Graduate |  |  |  |  |
| Special Courses |  |  |  |  |

License/Registration held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Employment History**  *List previous employment beginning with present or last employer.* | | |
| Employer Name: | Phone: | |
| Address: | Reason for Leaving: | |
| Position(s) held: | From (M/Y) | To (M/Y) |
| Duties, Responsibilities: | | |
| Supervisor: | May we contact them? Yes No | |
| Employer Name: | Phone: | |
| Address: | Reason for Leaving: | |
| Position(s) held: | From (M/Y) | To (M/Y) |
| Duties, Responsibilities: | | |
| Supervisor: | May we contact them? Yes No | |

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| **Schedules & Hours of Work** | | | |
| As our Home operates 24 hours per day, seven days per week, it is essential that we provide staffing coverage to meet this need. Our philosophy of care dictates that our staffing schedules provide as much consistency for our residents as possible. | | | |
| Do you realize it may be necessary for you to work weekends, holidays, or rotation shifts? Yes No | | | |
| Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness and dependability are required of all Jordan LifeCare Centre employees? Yes No | | | |
| **References** | | | |
| Name & Occupation | Address | Telephone | Years Known |
|  |  |  |  |
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| **Please Read each statement and initial on the line provided before signing** | | | |
|  This application is valid for six months only from date of receipt. | | | |
|  I hereby certify that the facts set forth in this application for employment are true and complete. I understand that falsification and omission of facts shall be sufficient cause for dismissal should I be employed. | | | |
|  I authorize the Jordan LifeCare Centre Inc. to investigate the statements made above and to contact my former employers and references submitted unless otherwise stated with reasons. | | | |
|  I understand that it is a condition of employment that I adhere to the Mission, Vision, Values, Policies, Procedures and Code of Conduct of the Jordan LifeCare Centre Inc. regarding all matters of the said organization. | | | |
| I understand that the Jordan LifeCare Centre Inc. promotes a healthy living and work environment which includes **smoke free** and **scent reduced environment** within the facility. | | | |
|  I realize that should I be hired, during the course of my duties at the Jordan LifeCare Centre Inc., any information regarding residents or staff which I may see, read or hear, is confidential and I recognize my responsibility to maintain confidentiality. | | | |
| I understand that it may be necessary to work weekends, holidays, or rotation/split shifts. | | | |
| I understand that as a condition of employment and before an offer of employment is made, the following criteria must be met: I will be required to complete a Criminal Record/Vulnerable Persons Check; completion of a Social Development Check; a Pre- Employment Medical must be submitted. | | | |
| I understand that any fees associated with the above required tests are my sole responsibility. | | | |
| I agree to give the Jordan LifeCare Centre Inc. the required period of notice should I wish to terminate my employment. | | | |

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Date Signature