



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE OF WORK DESIRED	POSITION APPLIED FOR	DATE AVAILABLE TO WORK	SALARY DESIRED
	AVAILABLE FOR SHIFT WORK : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS DAYS AVAILABLE: S M T W T F S		HOURS AVAILABLE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMPORARY
PERSONAL	LAST OR FAMILY NAME		FIRST NAME OR INITIAL, MIDDLE NAME OR INITIAL
	STREET ADDRESS		APARTMENT NO.
	CITY, TOWN OR POST OFFICE		PROVINCE
			POSTAL CODE
	TELEPHONE (RESIDENCE)	TELEPHONE (BUSINESS)	ALTERNATE CONTACT
	PERMANENT MAILING ADDRESS (if different from the above)		
	EMAIL ADDRESS		SOCIAL INSURANCE NUMBER
	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND PREPARED TO SHOW PROOF OF THIS ELIGIBILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU BONDABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GENERAL INFORMATION	HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY IRENE BARON EDEN CENTRE OR RIVER EAST PERSONAL CARE HOME IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES, WHAT POSITION _____		
	HOW DID YOU LEARN OF A POSITION WITH THE IRENE BARON EDEN CENTRE? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> PRESENT EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> OTHER _____		
	THE IRENE BARON EDEN CENTRE HAS MANY LIVE IN AND VISITING ANIMALS. DO YOU HAVE ALLERGIES TO ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES SPECIFY _____ DO YOU HAVE FEAR OF ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES SPECIFY _____		

EDUCATION	ELEMENTARY CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9	
	SECONDARY CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12 13	
	NATURE OF COURSE <input type="checkbox"/> ACADEMIC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> OTHER	
	POST SECONDARY (UNIVERSITY, COLLEGE, BUSINESS OR COMERICAL, TRADE OR TECHNICAL)	
	SCHOOL	SCHOOL
	LOCATION	LOCATION
	LENGTH OF COURSE	DATES ATTENDED <u> D M Y </u> TO <u> D M Y </u> / / / /
	GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED	GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED
	SPECIALTY OR MAJOR	SPECIALTY OR MAJOR
	OTHER COURSES, WORKSHOPS, SEMINARS OR TRAINING (NIGHT SCHOOL, CORRESPONDENCE ETC) <input type="checkbox"/> CPR Year: _____ Other: _____ <input type="checkbox"/> First Aid Year: _____ <input type="checkbox"/> Non-Violent Crisis Intervention Year: _____	

DRIVING RECORD	(COMPLETE ONLY WHERE APPLICABLE TO POSITION APPLIED FOR)
	DO YOU HAVE A VALID DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LICENCE _____

NURSING DEPARMENT APPLICANTS ONLY TO COMPLETE THIS SECTION

NURSING EDUCATION B.N. R.N. R.P.N. L.P.N. H.C.A. *ALL APPLICANTS MUST SHOW PROOF OF CERTIFICATION TO BE ELIGIBLE FOR HIRE	AREA OF SPECIALTY _____
	CURRENT PROVINCIAL REGISTRATION _____ _____ OR REGISTRATION ELSEWHERE _____
	HEALTH CARE AIDE COURSE AT: LOCATION _____ SUCCESSFULLY COMPLETED ON: (DATE) _____
	APPLICABLE NURSING COURSES OTHER THAN THOSE INDICATED ABOVE: <input type="checkbox"/> CPR Year: _____ Other: _____ <input type="checkbox"/> First Aid Year: _____ <input type="checkbox"/> Non-Violent Crisis Intervention Year: _____

SKILLS Complete Only Where Applicable To position Applied for.	SPECIAL SKILLS				
	TYPING <input type="checkbox"/> _____ WPM	SWITCHBOARD <input type="checkbox"/>	SHORTHAND <input type="checkbox"/> _____ WPM	OFFICE MACHINES <input type="checkbox"/> _____	DICTAPHONE <input type="checkbox"/>
WORD PROCESSING <input type="checkbox"/> INDICATE MACHINES		KEYPUNCH <input type="checkbox"/> INDICATE MACHINES		OTHER _____	
LANGUAGE SKILLS					
		ENGLISH	FRENCH	OTHER	
SPEAK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
READ		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMPLOYMENT HISTORY	NAME AND ADDRESS PRESENT/LAST EMPLOYER		PRESENT/LAST JOB TITLE		
			PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / /	PRESENT/LAST SALARY	
			NAME OF SUPERVISOR	TELEPHONE	
	TYPE OF BUSINESS		REASON FOR LEAVING		
	DESCRIPTION OF WORK AND RESPONSIBILITIES				
	NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER		JOB TITLE (LAST)		
			PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / /	PRESENT/LAST SALARY	
			NAME OF SUPERVISOR	TELEPHONE	
	TYPE OF BUSINESS		REASON FOR LEAVING		
	DESCRIPTION OF WORK AND RESPONSIBILITIES				
	NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER		JOB TITLE (LAST)		
			PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / /	PRESENT/LAST SALARY	
			NAME OF SUPERVISOR	TELEPHONE	
TYPE OF BUSINESS		REASON FOR LEAVING			
DESCRIPTION OF WORK AND RESPONSIBILITIES					
<input type="checkbox"/> RESUME ATTACHED <input type="checkbox"/> CRIMINAL RECORD CHECK ATTACHED(MANDATORY) <input type="checkbox"/> OTHER SUPPLEMENTARY INFORMATION ATTACHED					

ADDITIONAL INFORMATION	STATE WHAT YOU DID IN PAY PERIODS NOT ALREADY COVERED - INCLUDE PART TIME, SELF EMPLOYMENT, VOLUNTEER ETC.	
	DATES	EXPLAIN
	LIST ANY ADDITIONAL INFORMATION WHICH YOU FEEL MIGHT HELP US TO FURTHER EVALUATE YOUR APPLICATION:	
REFERENCES	FOR EMPLOYMENT REFERENCES MAY WE APPROACH:	
	- YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO - YOUR FORMER EMPLOYERS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LIST ANY OTHER REFERENCES YOU FEEL WOULD BE HELPFUL TO EVALUATE YOU	
CONDITIONS OF EMPLOYMENT	Please Read Carefully Before Signing: I declare the statements made by me in this application are to the best of my knowledge true statement of facts. I agree that any deliberate misrepresentation found to have been made by me may be grounds for dismissal. I understand that I must satisfactorily complete a probationary period from the date of my employment.	
	Date of Application _____ Signature _____	

FOR OFFICE USE ONLY

INTERVIEWED BY _____	DATE _____
INTERVIEW COMMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERENCES (ATTACH SEPARATE PAGE AS REQUIRED) <input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE	
TEST RESULTS - INDICATE TESTS GIVEN AND RESULTS (WHERE APPLICABLE).	
<input type="checkbox"/> EDEN SUITABILITY <input type="checkbox"/> TYPING SPEED <input type="checkbox"/> OTHER:	
APPLICANT HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE
ACKNOWLEDGEMENT FOLLOWING INTERVIEW:	<input type="checkbox"/> LETTER DATE <input type="checkbox"/> TELEPHONE DATE
APPROVED BY: Executive Director/Director of Care or Designate _____	

**** Please note: Applications are kept on file for 6 months only. Only suitable candidates that meet the specified criteria will be contacted for an interview.**