



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 _____

Are you legally eligible for employment in this country? 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 within the company? 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

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
_____	_____		
_____	_____		

Do you have the following:

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



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	

EMPLOYMENT HISTORY

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO
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
EMPLOYER	TELEPHONE ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO
JOB TITLE		HOURLY RATE/SALARY	
		STARTING	



(HISTORY CON'T)

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? Yes No Later		\$	per	
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? Yes No Later		\$	per	

REFERENCES

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

NAME	RELATIONSHIP	YEARS ACQUAINTED	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:

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

