

Name: _____

Date: _____

Address: _____

Telephone: _____ (h)

_____ (c)

Email: _____

Area applying for:

Administration

Food Service

Environmental Services:

Housekeeping

Laundry

Utility

Maintenance

Therapeutic Recreation

Nursing:

RN/BN reg.# _____

L.P.N. reg.# _____

Resident Attendant/PSW _____

Have you previously worked at York Care Centre: _____

If yes, position held: _____

When: _____

Available start date: _____

Are you available for:

Full time

hours available _____

Part time

hours available _____

Other _____

hours available _____

Are you available to work shift work: _____

Have you worked shift work in previous positions: _____

Language:

1) Spoken _____

2) Spoken _____

Written _____

Written _____

Are you legally eligible for work in Canada? Yes No

Are you currently in Canada on a: Student Visa Work Visa Visitor Visa

Have you ever been convicted of an offence for which a pardon was NOT granted? _____

If yes, what was the nature of the offence and sentence? _____

Education	Date	Level completed	Course taken
High school			
Community college			
University			
Other			

Employment History please list your most recent employer first (attach addition pages or resume if needed):

1) Employer _____
Address _____

Position Held _____
Supervisors Name _____ Supervisors Number _____
From (month/year) _____ To (month/year) _____
Reason for Leaving _____

2) Employer _____
Address _____

Position Held _____
Supervisors Name _____ Supervisors Number _____
From (month/year) _____ To (month/year) _____
Reason for Leaving _____

3) Employer _____
Address _____

Position Held _____
Supervisors Name _____ Supervisors Number _____
From (month/year) _____ To (month/year) _____
Reason for Leaving _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

References:

	Name	Relationship	Address	Telephone
1				
2				
3				

Do you know any current employees, if so, what is their name(s)? _____
Have you been referred by a current employee? _____
If yes, what is their first and last name? _____

I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature of applicant: _____ **Date:** _____

Notes - For Personnel Department only. All information will be treated confidentially. Application kept on file for six (6) months. If you become employed this form will be used as a permanent record.