

Southeast Personal Care Home

APPLICATION FOR EMPLOYMENT

1265 Lee Blvd
Winnipeg, Manitoba R3T 2M3

Date: _____
Phone: (204) 956-7500

Position Applied For: _____ Employment Notice # _____
LAST NAME: _____ FIRST NAME: _____
Address: _____ City/Town: _____
Province: _____ Postal Code: _____
Phone (home/cell): _____ Phone (work): _____
Are you legally entitled to work in Canada? Yes No
Permanent Resident Working Visa Student Visa Other: _____

Have you ever been employed by Southeast PCH? Yes No
(please list department and dates): _____

Are you Aboriginal? Yes No
First Nations Métis Inuit Other: _____

EDUCATION: IMPORTANT

*Please ensure you are able to verify all education claimed on your application/resume.
Failure to provide documentation will result in termination of employment.*

HIGH SCHOOL (name and location): _____
Did you graduate and receive a diploma: Yes No
Highest grade attended if did not graduate: _____

POST SECONDARY EDUCATION

College/University (name and location): _____
Did you graduate and receive a diploma/degree: Yes No
Highest level/year attended if did not graduate: _____

OTHER

Describe any other training you have that would assist you in this position and date completed.

PROFESSIONAL ASSOCIATION/REGISTRATION: (C.R.N.M., C.R.P.N.M., C.L.P.N.M., R.T., etc.)

Expiry Date: _____ Province and Reg #: _____
(Nurses: CPR certification at the Basic Rescuer Level is a condition of employment)

SKILLS:

Keyboarding Skills (wpm____) Computer Skills
 Dictaphone Word Access Outlook
 Medical Terminology Excel Powerpoint
 Shorthand/Speedwriting Other _____

LANGUAGES:

Speak Read Write **English**
 Speak Read Write **Ojibway**
(Optional) Speak Read Write **Other** _____

EMPLOYMENT HISTORY: List your last 3 employers beginning with present/most recent.

1 Name & location of employer: _____
Dates employed: _____
Position Title and Major Duties: _____

Name & Title of Supervisor: _____ Phone #: _____
Reason for Leaving: _____
May we contact references? Yes No

2 Name & location of employer: _____
Dates employed: _____
Position Title and Major Duties: _____

Name & Title of Supervisor _____ Phone #: _____
Reason for Leaving: _____
May we contact for references? Yes No

3 Name & location of employer: _____
Dates employed: _____
Position Title and Major Duties: _____

Name & Title of Supervisor _____ Phone #: _____
Reason for Leaving: _____
May we contact for references? Yes No

CRIMINAL RECORDS/CHILD ABUSE CHECK:

Employment may be subject to a criminal record and child abuse registry check satisfactory to Southeast PCH.

Have you ever been convicted with a criminal or other offence for which a pardon has not been granted and/or are you facing any charges (other than under City Bylaw or Highway Traffic Act offences)
 Yes (if yes, please give particulars) No

I declare the foregoing information to be true and complete to the best of my knowledge and understand that any misrepresentation or omission of facts will void this application and will be sufficient cause for my dismissal without notice. If employed, I agree to abide by the policies, procedures and working conditions established by Southeast Personal Care Home.

I HEREBY AUTHORIZE SOUTHEAST PERSONAL CARE HOME TO CONDUCT A PERSONAL INVESTIGATION IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT.

DATE: _____ SIGNATURE OF APPLICANT: _____

PROTECTION OF PRIVACY AND THE COLLECTION OF PERSONAL INFORMATION

The personal information which you may be requested to provide is being collected under the authority of the *Income Tax Act*, the *Immigration Act*, the *Employment Insurance Act*, the *Employment Standards Code*, the *Pensions Benefits Act*, and the *Labour Relations Act* or any other applicable legislation and/or employment procedures established by Southeast Personal Care Home such as staff benefits, emergency contacts, and parking.

In addition, announcements about your position and/or promotion may be shared within the organization and the community unless you advise that you do not want such information disclosed.

The information is required for employment and staff benefits documentation purposes and is protected under the protection of privacy provisions of the Freedom of Information and Protection of Privacy Act, the Public Sector Disclosure Act, (as well as The Personal Health Information Act where applicable).

If you have any questions about the collection of personal health information, please contact:

Executive Director / Director of Care
1265 Lee Blvd
Winnipeg, MB R3T 5W8
Telephone: (204) 956-7500

For Office Use Only:

Date received: _____ Date Interviewed: _____

Reference Checks Completed: No Yes Date Completed: _____