



EMPLOYMENT APPLICATION FORM

<u>PERSONAL INFORMATION</u>		
Last Name:	First Name:	Middle Initial:
Street Address:	City:	Province:
Postal Code:	Home Phone #:	Business Phone #:
E-mail Address:	Fax Number:	

<u>TYPE OF WORK</u>	
Positions Desired: 1. _____	What shifts are you available for:
2. _____	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Date Available for Work: _____	
Nature of Work Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	
Have you ever been employed at Hawthorne Seniors Care Community before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate department(s), date(s) and surname at time of employment: _____	
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No Give work permit number, if relevant: _____	

<u>EDUCATION</u>			
Institution Name	Length of Program	Year Completed	Degree/Diplomas
High School:			
College or Technical School:			
University:			

Please provide documentary evidence of certificate(s) or degree(s) obtained.

Additional Courses: _____

What courses are you currently enrolled in? _____

EMPLOYMENT SKILLS

<input type="checkbox"/> CPR: Certification Date: _____	<input type="checkbox"/> Computer Software (Please list below)	<input type="checkbox"/> Journeyperson or Trade Papers (Please describe)
<input type="checkbox"/> First Aid: Level ____ Expiry Date: _____	_____	_____
<input type="checkbox"/> Typing: _____ wpm	_____	_____
<input type="checkbox"/> Medical terminology	_____	_____
<input type="checkbox"/> Numerical data entry	_____	_____
<input type="checkbox"/> Switchboard	_____	_____
<input type="checkbox"/> Transcriber/Dictaphone	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Do you have a valid BC driver's license? Yes No What classes? _____

EMPLOYMENT HISTORY: Please list all employers for a minimum of the last ten (10) years beginning with your most recent experience (unless they have been included in full in your attached resume).

1. Company Name:	Address:	Phone:
Name of Immediate Supervisor	Supervisor's Title:	Phone # for Supervisor
Position Occupied	Length of Employment (mo./yr.) From: (mo./yr.) _____ To: (mo.yr.) _____	
Duties & Responsibilities:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual Reason for Leaving:	

2. Company Name:	Address:	Phone:
Name of Immediate Supervisor	Supervisor's Title:	Phone # for Supervisor
Position Occupied	Length of Employment (mo./yr.) From: (mo./yr.) _____ To: (mo.yr.) _____	
Duties & Responsibilities:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual Reason for Leaving:	

3. Company Name:	Address:	Phone:
Name of Immediate Supervisor	Supervisor's Title:	Phone # for Supervisor
Position Occupied	Length of Employment (mo./yr.) From: (mo./yr.) _____ To: (mo.yr.) _____	
Duties & Responsibilities:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual Reason for Leaving:	

4. Company Name:	Address:	Phone:
Name of Immediate Supervisor	Supervisor's Title:	Phone # for Supervisor
Position Occupied	Length of Employment (mo./yr.) From: (mo./yr.) _____ To: (mo.yr.) _____	
Duties & Responsibilities:	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual Reason for Leaving:	

<u>PROFESSIONAL/TECHNICAL REGISTRATION INFORMATION</u>	
Professional/Technical Association Name: _____	
Current Registration or License Number: _____	Interim Permit Number: _____
Province or State: _____	Expiration Date: _____
If not registered in B.C., have you established your eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Association/Society Memberships - Please specify if active or inactive _____	

- A. Hawthorne Seniors Care Community requires applicants to be available to work all shifts within the program. Unless otherwise specified in a written offer of employment, the facility requires you to be available to work all shifts.
- B. Do you have the ability to perform the duties and/or the function(s) of the position applied for? Work may include transferring and lifting residents, bending, cleaning, standing for long periods of time and dealing with aggressive and or/physically or verbally abusive residents. Yes No
- C. Do you have a criminal conviction for which you have not been pardoned that is relevant to the intended employment? Yes No

If you answered yes to C above, please provide the particulars on a separate sheet of paper and place in an envelope marked "Confidential". Attach the sealed envelope to the application form. A positive response will not necessarily prevent you from obtaining employment.

DECLARATION AND PERMISSION TO OBTAIN REFERENCES

I hereby authorize Hawthorne Seniors Care Community to obtain relevant information regarding my employment, education and professional affiliations.

- You may contact my current employer(s)/school(s) Yes No
- You may contact my previous employer(s)/school(s) Yes No
- You may contact my professional/technical association(s) Yes No

I understand that my signature on this form releases my present/past employers, professional/technical association(s) and present/past schools from liability from the Freedom of Information Act.

Signature of Applicant

Date

When applying for a position with Hawthorne Seniors Care Community, we will need to collect personal information from you. This information is collected primarily to allow us to operate as an organization and fulfill our legal obligations as an employer. We are authorized to collect this information under the Hospital Act and its Regulations, The Income Tax Act, The Employment Standards Act, BC Labour Code and other employment related legislation. All reasonable measures will be taken to ensure that your information will be treated in a confidential manner.

I understand that any misrepresentation of omission in any of the information provided in the application will void this Employment Application and, if employed, will be cause for dismissal.

Signature of Applicant

Date

Hawthorne Care Centre thanks all applicants for their interest. However, only those selected for an interview will be contacted. Your application will remain on file for one year.