



CENTRE DE SOINS PROLONGÉS  
**ST. JOSEPH'S**  
 CONTINUING CARE CENTRE

# EMPLOYMENT APPLICATION

CCC  LTC

*Thank you for your interest in employment at St. Joseph's Continuing Care Centre, an organization committed to employment equity. Please note: Information provided may be subject to disclosure pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA).*

In completing this application, please:

1. PRINT or type.
2. Complete all sections as appropriate, and ask for an explanation if you do not understand a question.
3. Read the Declaration Section carefully before signing and dating.
4. Complete even if you are submitting a resume.

PERSONAL			
Family Name		First Name	Middle Name
Address (No., Street, apt., City, Province, Postal Code)			
Home Phone ( )	Cell Phone ( )	E-mail address	
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE: Persons legally entitled to work in Canada are Canadian citizens, permanent residents of Canada, or persons in possession of a valid work permit. Evidence of eligibility is required upon employment.	
If hired, do you have reliable means of transportation to get to work? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>			
JOB INTERESTS			
Position applied for:		Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Are you available for regular: Day Shift: <input type="checkbox"/> YES <input type="checkbox"/> NO		Afternoon shift: <input type="checkbox"/> YES <input type="checkbox"/> NO	Night Shift: <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a relative working as a supervisor in the department for which you have applied? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>if yes, provide name:</b>			
EDUCATION/SKILLS			
Level	Courses of Study	Length of Program	Degree, Diploma, Grade Completed
Secondary			
College or Technical			
University			
Other			
List professional qualifications(e.g. licences, titles)		Licence/Registration # _____ Date: _____	
List any language abilities you have:			If you require a Licence/Registration, is it current? <input type="checkbox"/> YES <input type="checkbox"/> NO
Language	Speak	Read	Write
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What equipment,machines,office equipment can you operate with skill?			

## EMPLOYMENT HISTORY (List Current or Last Employer First)

<b>1. Name of Employer</b>	
	Address:
Type of Business:	Telephone: (     )
Your Position/Title:	Name of Immediate Supervisor:
List your Duties/Responsibilities:	
Start Date (dd/mm/yy):	End Date (dd/mm/yy):
Reason for Leaving:	

<b>2. Name of Employer</b>	
	Address:
Type of Business:	Telephone: (     )
Your Position/Title:	Name of Immediate Supervisor:
List your Duties/Responsibilities:	
Start Date (dd/mm/yy):	End Date (dd/mm/yy):
Reason for Leaving:	

<b>3. Name of Employer</b>	
	Address:
Type of Business:	Telephone: (     )
Your Position/Title:	Name of Immediate Supervisor:
List your Duties/Responsibilities:	
Start Date (dd/mm/yy):	End Date (dd/mm/yy):
Reason for Leaving:	

May we ask your <b>present/last</b> employer for a reference?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we ask your <b>former</b> employer(s) for a reference?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What do/did you enjoy most in your past work experience?	
What do/did you enjoy least in your past work experience?	

## REFERENCES

Please give the names of **three (3)** people who can provide details pertinent to the position for which you are applying (excluding relatives):

<b>1) Name:</b> _____	Telephone: (    ) _____
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<b>2) Name:</b> _____	Telephone: (    ) _____
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<b>3) Name:</b> _____	Telephone: (    ) _____
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Have you been convicted of a criminal offence for which no pardon has been granted?     YES     NO

How did you find out about employment opportunities with St. Joseph's Continuing Care Centre?

Internal Posting     Online Job Posting/Social Media     Website Ad     Employee Referral     Other:

## PLEASE READ CAREFULLY (Note: For the purposes of this section, St. Joseph's Continuing Care Centre is referred to as 'the Centre')

- I understand that any falsification or deliberate omission of information by me concerning this application will be sufficient reason for refusal of employment, or if employed, termination from the Centre. In signing this application, I certify the information provided is accurate to the best of my knowledge.
  
- I understand that, if hired, I must have a health interview.
  
- I understand that I will be required to submit a *Canadian Police Information Centre (CPIC)* Police check that has been completed within the last six (6) months prior to the time an offer of employment is made.
  
- I authorize St. Joseph's Continuing Care Centre to verify all information given on this form.
  
- I authorize St. Joseph's Continuing Care Centre to obtain such personal and job-related information as required in connection with this application.



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**Signature**

\_\_\_\_\_

**Date**