

**APPLICATION FOR EMPLOYMENT
CONFIDENTIAL (Please Print Clearly)**



Eden Gardens
Compassionate Dementia Care

Eden Gardens
1917 Northfield Road, Nanaimo, BC, V9S 3B6

Name: _____
Last First Middle Initial Previous Names (for reference purposes)

Present Address: _____
No. Street

City Province Postal Code

Phone # _____ Cell # _____ Email _____

Are you legally able to work in Canada? Yes No

Position(s) applied for: _____ Full-time Part-time Casual

Are you available to work all shifts? Yes No
 If no, which shifts are you available to work? _____

(The facility requires applicants for certain positions to be available to work all shifts within the department. Unless otherwise specified in a written offer of employment, the facility requires you to be available to work all shifts.)

List any medical restrictions you may have which would interfere with your job in a care facility. (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.) _____

Do you have a history of back injury? Yes No Do you have any communicable disease(s)? Yes No
 If yes to either of the above, please specify: _____

Offers of employment are conditional upon successful completion of: a pre or post employment medical (subject to the Employer's requirements and at the applicants expense), which reveals no medical impediments to the performance of duties; and, Violence Prevention Modules 1-8, please inquire to obtain details.

EDUCATION

	Name of Institution	Course of Study	Highest Level Obtained	Years Attended			
				From		To	
				<u>MO</u>	<u>YR</u>	<u>MO</u>	<u>YR</u>
Junior/Senior High School							
College or University							
Other (Specify)							

Please provide documentary evidence of certificates obtained.

Are you registered with a professional association? Yes No

Name of Association

If yes, please provide registration # _____

EMPLOYMENT RECORD (List present or most recent Employer first)

Month & Year From To	Name & Address of Employer & Type of Business	Position	Name & Title of Supervisor	Reason for Leaving

May we contact your current Employer? Yes No

REFERENCES

*****(Mandatory reference)** Sign here for consent to contact **current or most recent direct supervisor**.

Provide the names of three people, preferable employers, and only one personal reference. Recent students may use teachers as a business reference.

Name	Address	Telephone No.	Occupation	Years Known
(Mandatory reference) Most recent direct supervisor 1)				
2)				
3)				

Are there any other experiences, skills or qualifications which you feel would especially prepare you for this position?

Do you have a First Aid Certificate? Yes No Expiry Date: _____

Do you have a C.P.R. Certificate? Yes No Certification Date: _____

For Activity Aide and Bus Driver Applicants:

Do you have a Class 4 Drivers License? Yes No

If no, are you willing and able to obtain one? Yes No

Languages Spoken: _____

Were you previously employed by us? Yes No If yes, when? _____

List any friends/relatives working for us: _____

Are you bondable? Yes No Has bonding ever been refused or canceled? Yes No

"I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may cause me to forfeit any claims on my part to employment with this organization"

Applicant's Signature: _____ Date: _____

TO APPLICANT: The following section should be completed only after you have been offered employment.

Birth date: _____
In case of emergency, notify:
Name: _____ Address: _____
Phone: _____ Relationship to Applicant: _____

OFFICE USE ONLY

Interviewed by: _____	Date: _____
Job Start Date: _____	Starting Wage/Salary: _____ per _____
Position: _____	
Reference Checks Requested	Yes No
Pre-Employment Medical Requested	Yes No