

CALVARY PLACE

Personal Care Home
1325 Erin St.
Winnipeg, MB
R3E 3R6

Employment Application



Applicant Information

Last Name:		First Name		Middle Initial	
Address:		City		Postal Code	
Phone:	()	E-mail Address:			
Position Applied for:		Are you legally eligible to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Diploma:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Diploma:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Diploma:

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Responsibilities:	
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Responsibilities:	
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Responsibilities:	
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

List two persons to whom we may refer – no relatives or previous employers

Name:		Address:	
Occupation:		Phone:	()
Name:		Address:	
Occupation:		Phone:	()

Nursing Applicants Only

Currently Registered/Licensed in Manitoba?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other names registered under:		
Registration/License Number:		Province:

Disclaimer and Signature

I understand that employment with Calvary Place is conditional upon an approved medical examination, Criminal Record Check and, upon eligibility, participation in Benefit Plans.

If this application leads to employment, I agree to abide by Calvary Place's policies, regulations and Mission, Vision and Value statements. I understand that if I breach any policies or regulations, such a breach may be cause for disciplinary action, including dismissal.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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For Office Use Only

Interviewer:					
Comments:					
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Number of Dependents		
Date of Birth:	Day	Month	Year		
In case of emergency, contact:	Name			Phone:	()
Family Doctor:			Phone #:	()	Phone #:
Date Hired	Department		Position		
Starting Rate	FT/PT/Casual		Start Date		