

## APPLICATION FOR EMPLOYMENT

Name (PRINT): \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Employment Wanted (check all that apply):  Full-time  Part-Time  Casual

Availability (check all that apply):  Mon-Fri  Weekends  Day Shift  Evening Shift  Night Shift

If you are applying for an RN / RPN position, please identify:

Your Ontario Registration #: \_\_\_\_\_ Date of last renewal or registration: \_\_\_\_\_ Not Applicable

Are you legally eligible to work in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been charged with any of the below Offences or received any of the below orders:

- Any offence with which I have been charged under the Cannabis Act (Canada), the Criminal Code (Canada), the Controlled Drugs & Substances Act (Canada) or the Food & Drugs Act (Canada). Yes \_\_\_\_\_ No \_\_\_\_\_
- An order of a judge or justice of the peace made against myself in respect of an offence under the Cannabis Act (Canada), Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or the Food & Drugs Act (Canada), including peace bond, probation order, prohibition order or warrant to arrest. Yes \_\_\_\_\_ No \_\_\_\_\_
- An offence of which I have been convicted under the Cannabis Act (Canada), the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact the following for a reference for you?

- Present Employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Any other names you provide? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF the below information is INCLUDED on an ATTACHED RESUME, check here \_\_\_\_\_, skip next section & sign/date bottom.  
If it is not included on an attached resume, please ensure you complete the next section.**

### PERSONAL DATA

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

### EDUCATION

High-school- Highest level / grade completed: \_\_\_\_\_

Post-secondary school (College/University)- Certificate/Diploma received: \_\_\_\_\_

Other relevant education: \_\_\_\_\_

### EMPLOYMENT HISTORY

	Name of Employer	Job Title	Start/End Date	Reason for Leaving
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### REFERENCES

	Name	Phone or Email Address	Relationship:
1.	_____	_____	____personal or ____work-related
2.	_____	_____	____personal or ____work-related
3.	_____	_____	____personal or ____work-related

I understand and agree that LaPointe-Fisher Nursing Home will ask for information from my previous &/or current employers regarding the details of my employment record. I authorize my previous &/or current employers to release any and all information regarding my employment with them. I also agree that no liability of damage shall accrue to my previous employers as a consequence of their releasing such information.

I will provide LaPointe-Fisher Nursing Home with a minimum of three references (at least one must be work-related) and consent to have a reference check completed on myself by telephone, letter, fax or email by a representative of the Home.

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_