



AN EQUAL OPPORTUNITY EMPLOYER

NAME: LAST			FIRST		MIDDLE	SOCIAL INSURANCE NUMBER	
ADDRESS: STREET					CITY	PROVINCE	POSTAL CODE
						TELEPHONE: <small>(area code)</small> HOME: () <small>(area code)</small> CELL/PAGER: ()	
HAVE YOU EVER WORKED UNDER A DIFFERENT NAME?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, Give All Names: _____							
IN EMERGENCY, NOTIFY:							
Name: _____				Phone # () _____			
ARE YOU 18 YEARS OLD OR OVER?				HAVE YOU EVER BEEN CONVICTED OF A CRIME FOR WHICH A PARDON HAS NOT BEEN GRANTED?			
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain: _____							
ARE YOU LEGALLY ABLE TO WORK IN CANADA?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, what type of Visa do you have? _____							
POSITION DESIRED:		___ RN ___ PSW ___ HSW		Dates and Times Available			
		___ Companion ___ Other		_____			

Geographic Area Desired: (List Cities) _____							

EARNINGS EXPECTED: \$ _____ per _____ Available Starting Date: _____							
PROFESSIONAL LICENSE NO. _____ Province _____ Year _____							
FIELD POSITION ONLY							
DO YOU HAVE A CAR AVAILABLE FOR WORK?				YES <input type="checkbox"/> NO <input type="checkbox"/>		DRIVER'S LICENSE NO.	
HAVE YOU EVER APPLIED AT THIS AGENCY?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If So, When:	
HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If So, When:	
DO YOU HAVE RELATIVES EMPLOYED BY THIS AGENCY?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If So, When::	

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY A FORMER EMPLOYER?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, Explain							

WHAT PROMPTED YOU TO APPLY FOR EMPLOYMENT

Check below and complete where indicated

- | | |
|--|--|
| 1. _____ Newspapers (Name) _____ | 8. _____ Community College (Name) _____ |
| 2. _____ Journals or Publications _____ | 9. _____ Employment Agency _____ |
| 3. _____ University Placement Offices (Name) _____ | 10. _____ Unemployment Office _____ |
| 4. _____ Business School (Name) _____ | 11. _____ Direct (Explain) _____ |
| 5. _____ Business School (Name) _____ | 12. _____ Employee Referral (Name) _____ |
| 6. _____ Internet _____ | 13. _____ Clinical Rotation _____ |
| 7. _____ Temporary Agency (Name) _____ | 14. _____ Other (Describe) _____ |

EDUCATIONAL HISTORY					
NAME OF SCHOOL	LOCATION (CITY, PROVINCE, POSTAL CODE)	GRADUATED		IF YES: DATE	DEGREE/ MAJOR STUDY
		YES	NO		
HIGH SCHOOL					
COLLEGE / UNIVERSITY					
GRADUATE SCHOOL					
OTHER					
HONORS AND/OR AWARDS RECEIVED					
SPECIAL SKILLS					
DO YOU TYPE?		<input type="checkbox"/> Yes WPM _____		<input type="checkbox"/> No	
DO YOU TAKE SHORTHAND?		<input type="checkbox"/> Yes WPM _____		<input type="checkbox"/> No	
WHAT OFFICE MACHINES/COMPUTERS DO YOU OPERATE? _____					
LIST SOFTWARE: _____					
DO YOU HAVE ANY OTHER SKILLS THAT YOU WISH TO MENTION? _____					
WHAT OTHER LANGUAGES DO YOU SPEAK? _____					
WHAT OTHER LANGUAGES DO YOU READ?			WHAT OTHER LANGUAGES DO YOU WRITE?		

EMPLOYMENT HISTORY

List below all past and present employment, beginning with the most recent.

NAME OF COMPANY	BUSINESS ADDRESS	CITY, PROVINCE, POSTAL CODE
TELEPHONE	DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE FINAL
DESCRIPTION OF DUTIES		

REASON FOR LEAVING
May we contact? Yes No If No, why: _____

IF THERE IS A GAP IN EMPLOYMENT MORE THAN (2) MONTHS, PLEASE EXPLAIN

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TELEPHONE	DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
POSITION TITLE AT HIRE	FINAL TITLE (IF DIFFERENT)	EARNINGS AT HIRE FINAL
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READ CAREFULLY BEFORE SIGNING

I certify the information in this application is correct to the best of my knowledge and understand falsification of this information is grounds for dismissal. I authorize the references listed herein to give any and all information concerning my previous employment and release all parties from liability for damage which may result from furnishing same to you.

In consideration of my service, I agree to conform to the rules and regulations of ComForcare Senior Services, and my service and compensation can be terminated, at any time, at the option of ComForcare Senior Services or myself. I understand no supervisor or other representative of ComForcare Senior Services other than the President or designee, has authority to enter into an agreement for employment for a specified period of time, or to make agreement contrary to the foregoing. I also consent to taking any pre-placement medical examination or any such future medical examination as may be required by ComForcare Senior Services.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Date of Application _____

Talked with Applicant (Initial) _____

 Verify Salary _____

 Verify Availability _____

 Soc., Lic., Ins., etc. _____

Verified References (date & initial) _____

Background check sent in _____

Background check received _____

Set up orientation (date & initial) _____

Comments _____

***** For Administrative use only *****