

KIWANIS NURSING HOME INC.

Application for Employment

NAME / ADDRESS

PLEASE PRINT

SURNAME		GIVEN NAMES	
ADDRESS			
HOME PHONE	CELL	EMAIL	

Note: If you are employed you will be required to maintain at least one phone number with a mailbox that can receive messages

POSITION AND LOCATION

Type of Employment	Please circle type of work applied for:	RN	RA / PSW	Housekeeping	Office
		LPN	Dietary	Maintenance	Other
Full Time <input type="checkbox"/>	Are you available for?				
Part Time <input type="checkbox"/>	Evening <input type="checkbox"/>	Night <input type="checkbox"/>	Days <input type="checkbox"/>	Rotation <input type="checkbox"/>	Other <input type="checkbox"/>
Student <input type="checkbox"/>	Weekends <input type="checkbox"/>	Weekdays <input type="checkbox"/>			
Volunteer <input type="checkbox"/>	Date available _____				

OTHER

RN, LPN Registration No. _____ Province _____ Active Year _____
Person to be notified in case of emergency: _____ Address _____ Telephone No. _____
If employed it may be necessary for you to be bonded. Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a bond denied or revoked? _____ If so why? _____
If employed it will be necessary for you to have a medical at your own expense before joining the staff. You will be required to read various policies on your own time during the first week of employment.

EDUCATIONAL BACKGROUND

Institution (Name and Address)	Years Attended	Certificate or Degree and Year	Grade Average
School			
University			
Other			

EMPLOYMENT HISTORY

(List in order, last or present employer first)

Name & Address of Employer	Dates of Employment	Position Held	Reason for Leaving
1. _____ _____ _____			
2. _____ _____ _____			

REFERENCES

Name	Complete Address Including Postal Code	Occupation	Telephone

ADDITIONAL INFORMATION (Specify relative(s) presently employed by the Home)

STATEMENT

In connection with my application for employment, I hereby consent to Kiwanis Nursing Home conducting or causing to be conducted a personal investigation. It is understood that this may include information regarding my employment history in either verbal or written form. I certify that the information given by me in this application is true and complete. I expressly understand and agree that if any such information is at any time found to be false or misleading, such information will constitute just cause for my immediate dismissal, before or after completion of my probationary period.

Signature _____ Date _____

TO BE COMPLETED BY THE EMPLOYER

This application must be renewed after 6 months, if employment is still desired.

INTERVIEWED BY	D	M	YR
POSITION	HAVE SPECIFIC JOB REQUIREMENTS BEEN EXPLAINED?		
COMMENTS			
Union	Classification	Salary Level	Rate Per Hr. Initial