**HAND OF GRACE HEALTHCARE CORPORATION**

APPLICATION FOR EMPLOYMENT

*Hand Of Grace is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, colour age, sex, religion, the presence of mental, physical, or sensory disability, sexual orientation or any other basis prohibited by federal or provincial/state laws.*

*Please complete entire application to ensure processing.*

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| **Personal Information** | | | |
|  |  |  |  |
| **Last name:** |  | **Address:** |  |
| **First name:** |  | **City:** |  |
| **Initials:** |  | **Province:** |  |
| **Social Insurance Number:** |  | **Postal code:** |  |
| **Email address:** |  |  |  |
| **Home number:** |  | **Cell number:** |  |

**Are you legally entitled to work in Canada? If not, please explain.**

**Which city would you like to work in?**

⬜ Kamloops ⬜ Salmon Arm/Lumby ⬜ Merritt Kelowna

**Which position(s) are you seeking?**

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| --- | --- | --- | --- | --- | --- |
| ⬜ | Registered Nurse | ⬜ | Practical Nurse | ⬜ | RCA/ Personal Support Worker |
| ⬜ | Companion & Personal Care | ⬜ | Childcare | ⬜ | Basic Companionship  *(conversations, meal preparation,  light housekeeping)* |

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| **Nursing or RCA Information**  **Registration #: ​ Are you a member in good standing?** ⬜ Yes ⬜ No  **Are you currently, or have you previously been, subject to any disciplinary proceedings by the College of Registered Nurses?** ⬜ Yes ⬜ No |

**What type of employment are you seeking?**

⬜ Full-time ⬜ Part-time ⬜ Casual ⬜ Weekends ⬜ Live-in ⬜ Overnight

**Specify hours available for each day of the week (e.g. 8am to 8pm)**

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| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
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**Do you hold a clean driving abstract? If not, please explain.**

**Driver’s License #: ​ Expiry Date: ​**

**Languages spoken:**

**Have you worked in a facility? If so, on a one-on-one basis or servicing numerous clients simultaneously?**

**What is your expected wage/salary?**

**If hired, what date are you available to start?**

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| **Education, Training, and Work Skills** |

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| **High School** | |  |  |  |  | | --- | --- | --- | --- | | **School name:** |  |  |  | | **Address:** |  |  |  | | **Year completed** *(circle one)***:** | 8 9 10 11 12 13 | **Graduated:** | ⬜ Yes ⬜ No | |
| **College** | |  |  |  |  | | --- | --- | --- | --- | | **School name:** |  |  |  | | **Address:** |  |  |  | | **Year completed** *(circle one)***:** | 1 2 3 4 | **Graduated:** | ⬜ Yes ⬜ No | | **Subjects studied:** |  |  |  | | **Degrees received:** |  |  |  | |
| **Post-College/ University** | |  |  |  |  | | --- | --- | --- | --- | | **School name:** |  |  |  | | **Address:** |  |  |  | | **Year completed** *(circle one)***:** | 1 2 3 4 | **Graduated:** | ⬜ Yes ⬜ No | | **Subjects studied:** |  |  |  | | **Degrees received:** |  |  |  | |
| **Trade, business,  or correspondence school** | |  |  |  |  | | --- | --- | --- | --- | | **School name:** |  |  |  | | **Address:** |  |  |  | | **Year completed** *(circle one)***:** | 1 2 3 4 | **Graduated:** | ⬜ Yes ⬜ No | | **Subjects studied:** |  |  |  | | **Degrees received:** |  |  |  | |

**List level of first aid training completed (e.g. CPR certification) including date of this training.**

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| **Work History** |

*List below current and last three employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying.*

**Please complete even if you attach a resume.**

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| **Current Employer** | |
| **Employer Information** | **Position Information** |
| |  |  |  |  | | --- | --- | --- | --- | | **Company name:** |  |  |  | | **Type of company:** |  |  |  | | **Address:** |  |  |  | |  |  |  |  | | **Date employed:** |  | to |  | | **Supervisor name:** |  |  |  | | **Supervisor phone:** |  |  |  | | **May we contact?** | ⬜ Yes ⬜ No | | | | |  |  |  | | --- | --- | --- | | **Your title:** |  |  | | **Starting salary:** |  |  | | **Ending salary:** |  |  | | **If hourly, average # of hours per week:** | |  | | **Duties:** |  |  | |  |  |  | |  |  |  | | **Reason for leaving:** |  |  | |  |  |  | |
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| **Previous Employer 1** | |
| **Employer Information** | **Position Information** |
| |  |  |  |  | | --- | --- | --- | --- | | **Company name:** |  |  |  | | **Type of company:** |  |  |  | | **Address:** |  |  |  | |  |  |  |  | | **Date employed:** |  | to |  | | **Supervisor name:** |  |  |  | | **Supervisor phone:** |  |  |  | | **May we contact?** | ⬜ Yes ⬜ No | | | | |  |  |  | | --- | --- | --- | | **Your title:** |  |  | | **Starting salary:** |  |  | | **Ending salary:** |  |  | | **If hourly, average # of hours per week:** | |  | | **Duties:** |  |  | |  |  |  | |  |  |  | | **Reason for leaving:** |  |  | |  |  |  | |

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| **Previous Employer 2** | |
| **Employer Information** | **Position Information** |
| |  |  |  |  | | --- | --- | --- | --- | | **Company name:** |  |  |  | | **Type of company:** |  |  |  | | **Address:** |  |  |  | |  |  |  |  | | **Date employed:** |  | to |  | | **Supervisor name:** |  |  |  | | **Supervisor phone:** |  |  |  | | **May we contact?** | ⬜ Yes ⬜ No | | | | |  |  |  | | --- | --- | --- | | **Your title:** |  |  | | **Starting salary:** |  |  | | **Ending salary:** |  |  | | **If hourly, average # of hours per week:** | |  | | **Duties:** |  |  | |  |  |  | |  |  |  | | **Reason for leaving:** |  |  | |  |  |  | |
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| **Previous Employer 3** | |
| **Employer Information** | **Position Information** |
| |  |  |  |  | | --- | --- | --- | --- | | **Company name:** |  |  |  | | **Type of company:** |  |  |  | | **Address:** |  |  |  | |  |  |  |  | | **Date employed:** |  | to |  | | **Supervisor name:** |  |  |  | | **Supervisor phone:** |  |  |  | | **May we contact?** | ⬜ Yes ⬜ No | | | | |  |  |  | | --- | --- | --- | | **Your title:** |  |  | | **Starting salary:** |  |  | | **Ending salary:** |  |  | | **If hourly, average # of hours per week:** | |  | | **Duties:** |  |  | |  |  |  | |  |  |  | | **Reason for leaving:** |  |  | |  |  |  | |

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| **Criminal Record** |

**Have you ever been convicted of a criminal offence for which a pardon has not been granted?** ⬜ Yes ⬜ No

**If yes, list convictions that are a matter of public record. A conviction will not necessarily disqualify you   
for employment.**

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| **References** |

*Give the names, address and phone numbers of two individuals (supervisors or managers whom you have worked for) whom we can contact for professional references. Do not include the names of relatives or friends.*

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|  | **Name** | **Phone number** | **Email address** | **How do you know  this person?** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

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| **Certification** |

*I hereby authorize Hand of grace to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations contacted by Hand of grace r to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I certify that the foregoing statements are full, complete and true. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including termination of my contract of employment and all benefits arising from it shall be void from their commencement. I understand that I may be required to sign a confidentiality and/or non-complete agreement, should I become an employee of Hand Of Grace Healthcarer. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Nurse Next Door to hire me.*

**Signature: ​ Date signed (MM/DD/YY): ​**