

# APPLICATION FOR EMPLOYMENT

1679 Pembina Highway Winnipeg, MB R3T 2G6 (204) 269-6308

Position(s) Ap	plied For					Date of Application		
	Full-Time		Part-Time		Casual	l Te	erm	
	Days		Evenings		Nights	W	eekends	
Last Name			First Name		Middle Name			
Number	Street Name		City			Province		Postal Code
Telephone Nu	mber(s)				Email Address			
	C1 1 1: 1:	21 1 6 7			N . D (DN	L DN DDN LDN)		
Have you ever	No	on with us before Yes, give d			Nursing Positions (BN, RN, RPN, LPN):  Current valid registrations held, please give provinces and number			and numbers
	NO	res, give d	ate.		Current valid registrat	tions field, please give p	TOVITICES &	and number.
Have you ever been employed or a student with us before?				Health Care Aide Positions:				
	No Yes, give date:			Are you certified?				
						Yes		No
Have you ever been employed under a different name?				Dietary Positions:				
	No Yes, please specify:			Do you have a current Food Handler's Certificate?				
						Yes		No
Language:								
English:	Speak		Read		Write			
Do you speak	any other langua	ge(s)? Please spe	cify:					

#### **EDUCATION**

	Name of School and Location	Course of Study	Years Completed	Diploma, Degree, Certificate
High School				
College				
University				

### **EMPLOYMENT EXPERIENCE**

Employer		Dates E	mployed		
		From	То		
Address					
Job Title			Hourly Rate/Salary		
Reason for Leaving		Starting	Final		
Employer		Dates Employed			
		From	То		
Address					
Job Title		Hourly Rate/Salary			
Reason for Leaving		Starting	Final		
Employer		Dates Employed			
		From	То		
Address					
Job Title			ate/Salary		
Reason for Leaving		Starting	Final		

## **REFERENCES**

	1	2	3
Name of Reference			
Organization			
Position			
Phone Number			
Email			

#### By submitting this form, you agree to the following (please check all):

In the event of employment, I agree to abide by the policies, procedures, and working rules established by Golden Door Geriatric Centre.

I certify the foregoing information to be true and complete and understand that any misrepresentation or omission may result in my dismissal if employed.

I hereby authorize Golden Door Geriatric Centre to contact the references that I have provided.