

**Application For Employment:  
Community Care Staffing**  
**(May include Support at Independent & Assisted Living Homes)**

**OFFICE USE ONLY**

- Message left for interview
- Confirmed for interview date
- Hold application
- References to be checked
- Approved for NES
- Confirmed for NES

**Refer to Collective Agreement for pay rates. Please note those in probationary period, receive 95% of starting rate.**

**PLEASE NOTE two years experience in related field is mandatory and only those chosen for an interview will be contacted,**

**PERSONAL INFORMATION (please print)**

Last Name:	First Name:	Today's Date:
Address:	City:	Postal Code:
Telephone No.: (        )	Alternate No:	Email:

**TYPE OF EMPLOYMENT SOUGHT**

<input type="checkbox"/> LPN <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Certified Human Service Worker (or equivalent)	<input type="checkbox"/> Certified Care Aide <input type="checkbox"/> Multi Service Worker (housekeeper, dietary, laundry)
Do you have current certification for CPR Level C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Aide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Food Safe Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you <b>restricted</b> from working: Saturday or Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Number of hours you <b>prefer</b> to work in an average week:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, where and number of hours per week.</i>	
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of availability, if hired:	

SUMMARY of EDUCATION, WORK and/or WORK	Date of Training/Experience

**Section A - (If you are applying for non-care positions please go to section D)**

**Please comment on your experience in:**

1) Alzheimer's or other forms of dementia, acquired brain injuries.

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2) Post-operative or rehabilitation needs.

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3) Seniors "Aging in place".

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4) Supporting children or adults with special needs.

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5) Assist with medications.(including inhalers)

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**Section B**

**Comments regarding what safety and comfort considerations are needed prior to:**

1. Helping a client get out of bed in the morning:

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2. Supporting a client who requires assist to toilet or pericare:

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3. While assisting with tub bath:

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4. When using a mechanical lift:

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**Section C (This section to be completed by RN/LPN)**

1. Check those items for which you have previous experience. On the line to the right of each item, state the approximate date on which you last performed each item. Please put an asterisk (\*) beside any skill you feel you need a refresher in.

- Administering Meds (*check all that apply*)
  - Topical, Rectal \_\_\_\_\_
  - Aerosol, Oral \_\_\_\_\_
  - IM \_\_\_\_\_
  - Catheter Care \_\_\_\_\_
- Tube Feeding; NG or Gastric \_\_\_\_\_
- Wound Care \_\_\_\_\_
- Dialysis Support \_\_\_\_\_

## WORK HISTORY AND REFERENCE

Beginning with your most recent employer, please provide the following information about each employer. **This section must be completely filled out by applicant. DO NOT put 'refer to resume.'**

1	Employer	Telephone No.
	Supervisor's Name	Employed from _____ to _____ (month and year)
	Job Duties	
	Reason for leaving	May we contact this employer or person for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Employer	Telephone No.
	Supervisor's Name	Employed from _____ to _____
	Job Duties	
	Reason for leaving	May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Character Reference	Relationship to you
	Address	Telephone No.

**HEALTH**

Do you have any medical conditions that may affect your ability to perform the duties of the position for which you have applied?     Yes     No

Are you able to provide a medical certificate indicating that you are free of any infectious or communicable diseases?     Yes     No

If no please comment:

\_\_\_\_\_

Please add any other comments which are relevant to this application.

\_\_\_\_\_

**APPLICANT DECLARATION**

I hereby give AdvoCare Health permission to check employer, educator and character references.

I certify that the foregoing statements are complete and true. I agree that if there is any failure to disclose or any misrepresentation of my material fact required to be stated in the foregoing statements, AdvoCare Health Services may terminate my contract of employment and all benefits arising from it shall be void from the commencement.

This serves as confirmation that I have reviewed, understand and agree to content noted on this application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**Applicant meets criteria for and accepts wages for:**

<input type="checkbox"/> CPR (for Nurses)	<input type="checkbox"/> Has Food Safe/WHMIS
<input type="checkbox"/> Applicant has signed reference waiver	<input type="checkbox"/> Applicant can/will provide CRC
<input type="checkbox"/> Applicant has no physical restrictions for job which they've applied and, states that "working alone" poses no unmanageable risk (in keeping with Grant's Law 02/08)	<input type="checkbox"/> Applicant has optimum availability
<input type="checkbox"/> In agreement with policy to acquire annual flu shot vaccinations for facility care. Or, letter from physician indicating contraindicated	<input type="checkbox"/> 2 years related experience

Other: