

**Application For Employment:
Facility Staffing (Complex Care)**

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, with exception of Multi Services workers, who receive 95% of starting rate for the first 12 months of employment.

PLEASE NOTE only those chosen for an interview will be contacted. Applications are maintained for 6 months and reviewed as needed. **TWO YEARS EXPERIENCE** in related field is mandatory.

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"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Certified Care Aide <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Recreation or Activity Aide <input type="checkbox"/> Red Seal Cook <input type="checkbox"/> Cook <input type="checkbox"/> Multi Service Worker (Laundry/Housekeeping/Dietary)
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Do you have current certification for CPR Level C? Yes No First Aide? Yes No
 WHMIS Certificate? Yes No Food Safe Certificate? Yes No RAI Certification? Yes No
 Registration for BC Care Aide & Community Health Worker Registry ? Yes No

Are you **restricted** from working: Saturday or Sunday: Yes No Evenings: Yes No
 Nights: Yes No If yes please specify:

Number of hours you **prefer** to work in an average week:

Are you currently employed? Yes No *If yes, where and number of hours per week.*

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

Date of availability, if hired:

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

Section A - (If you are applying for Non-Care positions please go to section C)**Please comment on your experience in:**

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

2) Post-operative or rehabilitation needs.

3) Describe any leadership roles you have had:

4) Recreational Experience/Spa experience.

(RN's & LPN's skip to Section D) Please check those tasks for which you are proficient in.

- | | |
|---|--|
| <input type="checkbox"/> Mechanical lifts including spa equipment [specify type(s)] used: | <input type="checkbox"/> Assist residents with medications |
| <input type="checkbox"/> Catheter/Bowel care | <input type="checkbox"/> Hearing aids |
| <input type="checkbox"/> Ostomy care | <input type="checkbox"/> Eye-drops/Ear drops |
| <input type="checkbox"/> Application of compression stockings | |
| <input type="checkbox"/> Range of motion exercises | |

Section B (Multi Service worker applicants to complete)**Please Comment on Training and Work experience specific to:**

1. Laundry or Housekeeping (please describe your past/present experience)

2. Dietary Support (please describe your past/present experience)

Section C - Comment regarding what safety and comfort considerations is needed prior to:

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

2. While assisting with tub bath:

3. When using a mechanical lift:

4. Describe how you would respond if you observed conflict between 2 residents in the Special Care (dementia) unit.

Section D (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 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 _____
 - Ear, Eye _____
 - Aerosol, Oral _____
 - IM/SC _____
 - IV _____
 - Dialysis Support _____
- Blood sugar testing with Glucometer _____
- Tube Feeding; NG or Gastric _____
- Ostomy Care _____
- Respirator / Ventilator _____
- Wound Care _____
- Catheter Care _____

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	Telephone No.
	Name	Address

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 the content noted on this application.

Date: _____ Applicant's Signature: _____

OFFICE USE ONLY**Applicant meets criteria for and accepts wages for:**

<input type="checkbox"/> CPR (for Nurses & Recreational Staff) + Current License	<input type="checkbox"/> Has Food Safe/WHMIS certificate
<input type="checkbox"/> Can /will provide medical certificate of health & immunizations.	<input type="checkbox"/> Applicant can/will provide clear CRC
<input type="checkbox"/> Applicant has no medical restrictions for job which they've applied	<input type="checkbox"/> Applicant has optimum availability
<input type="checkbox"/> In agreement with Job Description and work conditions including rate of pay	<input type="checkbox"/> In agreement with policy to acquire annual flu vaccinations or, letter from physician indicating contraindicated.
<input type="checkbox"/> Detail any agreements made during interview as (special) condition(s) of hire including accommodation that may be required.	<input type="checkbox"/> 2 Years related experience
<input type="checkbox"/> Other:	