

**Brocklehurst Gemstone Care Centre
Employment Application Form**

PERSONAL INFORMATION *(please print)*

Name of Applicant: _____ Name of Facility: _____
 Date of Application: _____ Date of Birth: _____
 Phone #: (home) _____ (work) _____ (cell) _____
 Address: _____ City: _____ Postal Code: _____
 Language(s): (spoken) _____ (written) _____

TYPE OF EMPLOYMENT SOUGHT

- | | |
|---|---|
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Recreation Therapist |
| <input type="checkbox"/> Licenced Practical Nurse (LPN) | <input type="checkbox"/> Recreation Aide |
| <input type="checkbox"/> Registered Care Aide (RCA) | <input type="checkbox"/> Management or Administration |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Housekeeping/Laundry/Maintenance |

Are you **restricted** from working:

Saturday or Sunday	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evenings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nights	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please specify: _____

Specify the number of hours you *prefer* working per week:

Are you currently employed? Yes No

If yes, please indicate where and the number of hours _____

Date of availability, if hired _____

Have you ever been convicted of a criminal offence? Yes No

SUMMARY OF EDUCATION HISTORY

Please answer below:

CPR level C certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	RAI certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Aide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Included in BC		
WHMIS Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Care Aide Registry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food Safe Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Other Education: _____

Date Received _____

Brocklehurst Gemstone Care Centre - Application

WORK PRACTICES - Describe the safety and comfort considerations needed prior to:

1. Helping a senior get out of bed : _____
2. Using a mechanical lift : _____
3. Assisting a senior with a tub bath: _____
4. Your reaction if observing conflict between two seniors in the dementia/special care unit: _____

WORK HISTORY

Beginning with your most recent employer, please provide the following information:

Complete in full and do not note reference to resume

Employer: _____ Phone #: _____
Supervisor's name: _____ Dates employed: _____
Job duties: _____
Reason for leaving: _____

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Do you have any health problems or restrictions that could affect your ability to perform the tasks of employment? Yes No

PERMISSION TO PERFORM A BACKGROUND CHECK

I give permission to perform a background check for the employment for which I have applied/expressed an interest.

I understand the information collected during this background check will be limited to determining my suitability for employment and further understand that all information collected during the check will be kept confidential.

I have provided truthful information in this application form. I understand that any misrepresentation of information may result in termination of my employment, should I be hired.

I confirm that I am allowed to legally work in Canada and will provide documents as support, if requested.

Signature

Name

Date