



SHYLO NURSING and Home Healthcare

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Surname: _____ First Name: _____ Initial: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Birth Date: _____ SIN #: _____
(Day) (Month) (Year)

Telephone: _____ Cell : _____

E-Mail: _____

Language(s) Spoken: _____

EDUCATION

School/Coll/Univ: _____ Year Completed: _____

Cert/Dipls/Degs held: _____
(Please provide copies)

RNABC # _____ LPN # _____ Current Yes No

EMPLOYMENT INFORMATION

Are you currently employed: Yes No. If yes, where: _____

If you are still working, please state the days & hours you are committed to this work:

Times Available to work for Shylo: Days Evenings Nights

Anything/Anytime Weekdays Weekends Live-in

Specific hours: _____

What is your employment goal with Shylo: Full-time Part-time Casual

If hired, on what date will you become available: _____

If hired, do you have a reliable means of transportation: Yes No Not yet

If you are a parent, do you have adequate child-care arrangements: Yes No

WORK HISTORY

Last Three Employers: Please provide company name, the name of your supervisor, their official title, correct phone and fax numbers and email address if at all possible.

Employer: _____ Position: _____

Contact Person: _____ Email Address: _____

Phone: _____ Fax: _____

Dates of Employment: from _____ to _____

Reason for leaving: _____

Employer: _____ Position: _____

Contact Person: _____ Email Address: _____

Phone: _____ Fax: _____

Dates of Employment: from _____ to _____

Reason for leaving: _____

Employer: _____ Position: _____

Contact Person: _____ Email Address: _____

Phone: _____ Fax: _____

Dates of Employment: from _____ to _____

Reason for leaving: _____

Three Personal References: you've known for at least one year (but not family):

Name: _____ Telephone _____

Email : _____

Name: _____ Telephone _____

Email : _____

Name: _____ Telephone _____

Email : _____

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You're required to provide a recent Criminal Record Check to work with Shylo.

Have you done a CRC within the past 12 months: Yes No

Will you immediately apply for a CRC through your local Police Dept: Yes No

PERSONAL INFORMATION

General health: _____ Medical Issues: _____

Current or past back problems: _____

Is there any task you will not do? _____

Do you smoke: Yes No Do you drive (& have a current BCDL): Yes No

Do you have a car: Yes No Is it insured & in good running condition: Yes No

Are you a Canadian Citizen Yes No **OR** Do you have a Permanent Resident Card: Yes No (Please provide a copy of your residency card). ***Please note: It's illegal to work or reside in Canada without proper authorization from Immigration Canada.***

I have been provided with a copy of Shylo Nursing and Home Healthcare's guidelines and will abide by them. I have not be guaranteed work on a fulltime basis:

Signature of Applicant

Date

Witnessed by a Shylo Representative

Date