

APPLICATION FOR EMPLOYMENT

TOTAL CARE NURSING IN THE HOME SERVICES LTD.

12 COISH PLACE SUITE 105

CLARENVILLE NL

A5A 0C3

TEL (709) 466-5505 FAX (709) 466-3928

PLEASE WRITE LEGIBLY OR PRINT IN INK. FORWARD APPLICATION TO TOTAL CARE NURSING IN THE HOME SERVICES LTD., AT THE ABOVE ADDRESS OR RETURN TO THE OFFICE.

LAST NAME: _____

FIRST NAME: _____

ADDRESS:

TELEPHONE NUMBER:

HOME: _____

CELL: _____

POSITION DESIRED:

WOULD YOU PREFER:

___ FULL-TIME

___ PART-TIME

PLEASE SPECIFY DAYS AND HOURS WILLING TO WORK

WHEN WILL YOU BE AVAILABLE FOR WORK?

Office Use Only

Application Received: _____ **Date Of Hiring:** _____

Date and Time of Interview: _____, _____. **Interviewed by:** _____

Comments: _____

EDUCATION

THE HIGHEST GRADE YOU COMPLETED IN SCHOOL WAS _____.

WHEN WAS IT COMPLETED? _____, _____.

NAME OF SCHOOL _____ LOCATION: _____

HAVE YOU RECEIVED ANY POST SECONDARY EDUCATION? ___ YES ___ NO

IF YES, COMPLETE THE FOLLOWING:

INSTITUTION	CERTIFICATE/ DIPLOMA	COURSE	DATE COMPLETED (DMY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER TRAINING COURSES COMPLETED:

COURSE	GIVEN BY	LENGTH OF COURSE	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

LIST THREE PERSONS OTHER THAN RELATIVES WHO ARE IN A POSITION TO JUDGE YOUR WORK ABILITY:

NAME	ADDRESS	OCCUPATION	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INFORMATION;

HAVE YOU EVER PLEADED GUILTY OR BEEN CONVICTED OF A FELONY YES NO

OR A MISDEMEANOR OTHER THAN A CONVECTION FOR DRUNKNESS, SIMPLY ASSAULT, SPEEDING, MINOR TRAFFIC VIOLATIONS, AFFRAY OR DISTURBANCE OF THE PEACE WITHIN THE PAST FIVE YEARS YES NO

IF YES TO EITHER OF THE ABOVE, PLEASE EXPLAIN BELOW:

_____.

OTHER COMMENTS

_____.

DECLARATION

ICERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF FULLY UNDERSTAND THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE MISREPRESENTATION OR FALSIFICATION OF A MATERIAL FACT, MY APPLICATION MAY BE REJECTED AND I MAY BE DISMISSED.

NAME (PLEASE PRINT)

SIGNATURE