

For Office Use Only

- DOB:
- SIN:
- Reference Check:
- Police Record Check
- Medical Record Check
- Allergies:
- Certificate(s):



Home Health Care and Nursing Inc.

Application Form

Last Name _____ First name _____ Middle name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone number _____ Alternate telephone _____

Rate of Pay expected \$_____ Date you can start work _____

Availability To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day.

<u>Day</u>	<u>Earliest Time (Start)</u>	<u>Latest Time (Finish)</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Are you able to work nights? Yes _____ no _____

Type of employment you are seeking. Full time _____ Part time _____

Check the highest level or equivalent completed:

Elementary school 8 or less _____

High School 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

High School Diploma _____

College/ University 1 _____ 2 _____ 3 _____ 4 _____

Diploma, degree, or license received:

Course of Study:

How many languages can you speak?(be specific) _____

Employment History - List entire employment history, starting with your present employer, for any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name _____ **Telephone No.** _____

Address _____ **City** _____ **Province** _____

Postal Code _____ **Your Job/Position** _____

Supervisor's name _____ **Dates Employed:** From _____ To _____

Last Pay Rate _____ **Reason For Leaving** _____

Company Name _____ Telephone No. _____

Address _____ City _____ Province _____

Postal Code _____ Your Job/Position _____

Supervisor's name _____ Dates Employed: From _____ To _____

Last Pay Rate _____ Reason For Leaving _____

Company Name _____ Telephone No. _____

Address _____ City _____ Province _____

Postal Code _____ Your Job/Position _____

Supervisor's name _____ Dates Employed: From _____ To _____

Last Pay Rate _____ Reason For Leaving _____

Have you ever been convicted of a criminal offense for which a pardon has not been granted? If yes, please give details Yes ____ No ____

Are you legally eligible to work in Canada? Yes ____ No ____

If currently employed, may we contact your employer? Yes ____ No ____

List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary.

Name _____ Occupation _____

Company Name _____ Telephone no. _____

Name _____ Occupation _____

Company Name _____ Telephone no. _____

Important- We are happy you are interested in joining the AgTa family, please read the following statements carefully before you sign and return this application.

The company is considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply any information concerning my background. *I have read, understand, and agree to this statement (please initial here).* _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal for just cause. *I have read, understand, and agree to this statement (please initial here).* _____

On the first day of employment, I agree to furnish AgTa Home Health Care and Nursing Inc. proof of my age (as required for company benefit plans and similar administration), Social Insurance Number (which may be used by the company for the purposes of an employee identification number), appropriate academic credentials and other such documents as may be required.

I acknowledge and agree that the following are conditions of my employment with the company, and should the company make me an offer of employment, and should I accept such offer, I hereby accept and agree to be bound by such conditions:

- I understand that the first three months of active service will be probationary period, during which time employment may be terminated by either party without notice of termination of employment or pay in lieu thereof.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise the company will not consider me for employment after this application expires.

Date of application _____

Signature _____