



Home & Hospital  
Health Services Inc.

## APPLICATION FOR EMPLOYMENT

### PERSONAL DATA

First name:	Last name:
Address:	
City:	Postal code:
Phone (home):	Cell:
Work:	Email:
Do you have a vehicle?    Yes    No	Do You have a Valid Driver License?    Yes    No
Are you legally able to work in Canada?	
Yes	No

### POSITION OF INTEREST:

(i.e.) Home Support Worker, Health Care Aide, License Practical Nurse, Registered Nurse

Are you willing to shift work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which shifts:	Days <input type="checkbox"/>	Nights <input type="checkbox"/>
	Weekends <input type="checkbox"/>	
What type of work are you looking for?	Temporary full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Casual <input type="checkbox"/>	

### GENERAL INFORMATION:

Have you previously worked at Accent Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked for other health care agencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes:	Where:	Year:
		Position:
Do you speak a second language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which language?		
How did you hear about our agency?	Friend <input type="checkbox"/>	Newspaper <input type="checkbox"/>
	Job Bank <input type="checkbox"/>	Website <input type="checkbox"/>
Other:		
Have you completed an apprenticeship program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, type and date completed:		

## SKILLS

Please provide information on any special experience, computer skills, volunteer experience, etc that you feel may assist in your job performance.

Office work: \_\_\_\_\_

Outside of work: \_\_\_\_\_

Education	Name of Institution	Program or Specialization	Start Date	Completion Date	Degree/Diploma Awarded
High School					
University/College					
Other					

Are you presently attending school: Yes  No

If yes, specify dates/days/hours you would NOT be available to work:

## EMPLOYMENT HISTORY

Employer's name & address (most current):

Job title:

Period of employment (dd/mmm/yyyy):

Start date:

End date:

Reason for leaving:

Name of supervisor:

Reference check approval:

Contact telephone #:

Yes  No

Duties & responsibilities:

Present/Last pay rate:

<b>Employer's name &amp; address:</b>			
<b>Job title:</b>			
<b>Period of employment (dd/mmm/yyyy):</b>			
<b>Start date:</b>			
<b>End date:</b>			
<b>Reason for leaving:</b>	<b>Name of supervisor:</b>	<b>Reference check approval:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Contact telephone #:</b>
<b>Duties &amp; responsibilities:</b>		<b>Present/Last pay rate:</b>	

<b>DECLARATION FOR EMPLOYMENT</b>
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I hereby certify that the facts stated in this application for employment are true and complete to the best of my knowledge.

I understand that if employed, falsified statements on this application are considered sufficient cause for dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** Accent Care requires a CLEAR Criminal Record Check, Provincial Child Abuse Registry Check, current Emergency First Aid & level C CPR, Non-Violent Crisis Intervention and perhaps a Driver's abstract.

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**ACCENT CARE HOME & HOSPITAL HEALTH CARE SERVICES INC.**  
**420 NOTRE DAME WINNIPEG, MB R3B 1R1**  
**P: (204) 783-9888 F: (204) 783-9887**

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