



Long-Term Care, Retirement Living, Life Lease Suite
 Administration Offices
 170 Metcalfe Street
 Guelph, Ontario N1E 4Y3

Tel: (519) 822-0491
 FAX: (519) 822-5658

The Elliott Community is a caring community offering quality choices for living

APPLICATION FOR EMPLOYMENT

ALL INFORMATION WILL BE PERSONAL AND CONFIDENTIAL
 (PLEASE PRINT AND COMPLETE APPLICATION IN FULL)

PERSONAL

DATE _____

NAME
 Surname _____ First _____ Initial _____

ADDRESS
 No. _____ Street _____ Apt # _____ City _____ Province _____ Postal Code _____

HOME TEL. NO. _____ BUSINESS TEL. NO. _____

TYPE OF EMPLOYMENT FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> CASUAL <input type="checkbox"/> STUDENT <input type="checkbox"/>		TYPE OF POSITION APPLIED FOR _____ _____	
WHEN ARE YOU AVAILABLE FOR WORK? DAYS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/>		CAN YOU WORK SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAN YOU LEGALLY BE EMPLOYED IN THIS COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE AVAILABLE TO BEGIN WORK _____	
ARE YOU BETWEEN 18 AND 65 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		MINIMUM SALARY EXPECTED _____	
WHY DID YOU APPLY: OWN ACCORD <input type="checkbox"/> WHY? _____ ADVERTISEMENT <input type="checkbox"/> NAME OF NEWSPAPER _____ EMPLOYEE REFERRAL <input type="checkbox"/> NAME OF EMPLOYEE _____ AGENCY <input type="checkbox"/> NAME OF AGENCY _____ OTHER <input type="checkbox"/> (PLEASE EXPLAIN) _____		PLEASE EXPLAIN: _____ _____ _____	
IN WHAT AREA ARE YOU APPLYING FOR EMPLOYMENT? ACTIVITIES/CRAFTS <input type="checkbox"/> LAUNDRY <input type="checkbox"/> HOUSEKEEPING <input type="checkbox"/> KITCHEN <input type="checkbox"/> HAIRDRESSING <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> NURSING <input type="checkbox"/> OFFICE <input type="checkbox"/>			
HAVE YOU WORKED HERE PREVIOUSLY? NO <input type="checkbox"/> YES <input type="checkbox"/> DATES: _____ POSITION HELD: _____			
EMPLOYEES ARE FREQUENTLY REQUIRED TO LIFT RESIDENTS/EQUIPMENT AS WELL AS USE VARIOUS CLEANING AGENTS. DO YOU HAVE ANY HEALTH REASONS THAT MAY CAUSE A PROBLEM PERFORMING THESE DUTIES? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, PLEASE SPECIFY: _____			

EDUCATION – Attach résumé or complete below:

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJOR	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA AWARDED	LAST YEAR ATTENDED
Secondary School					
College					
University					
Business/Trade School					

Scholastic Standing in Secondary School _____ In College/University _____

CERTIFICATES, DEGREES, LICENCE (Please Specify)

FOR PROFESSIONAL APPLICANTS

REGISTRATION NUMBER IN ONTARIO _____

IS IT UP TO DATE FOR THE CURRENT YEAR? YES NO

OTHER COURSES, WORKSHOPS, SEMINARS

DO YOU HAVE ANY OTHER SKILLS, EXPERIENCES, MEMBERSHIPS OR ASSOCIATIONS THAT RELATE TO THE POSITION BEING APPLIED FOR?

EMPLOYMENT HISTORY – Attach résumé or complete below:

(PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND COVER AT LEAST THE LAST 5 YEARS)

NAME OF EMPLOYER		JOB TITLE	
EMPLOYER'S ADDRESS		DATES OF EMPLOYMENT from _____ to _____	
NATURE OF BUSINESS	EMPLOYER'S TEL. NO.	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	
DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES			
NAME OF EMPLOYER		JOB TITLE	
EMPLOYER'S ADDRESS		DATES OF EMPLOYMENT from _____ to _____	
NATURE OF BUSINESS	EMPLOYER'S TEL. NO.	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	
DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING	

NAME OF EMPLOYER		JOB TITLE
EMPLOYER'S ADDRESS		DATES OF EMPLOYMENT from _____ to _____
NATURE OF BUSINESS	EMPLOYER'S TEL. NO.	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE
EMPLOYER'S ADDRESS		DATES OF EMPLOYMENT from _____ to _____
NATURE OF BUSINESS	EMPLOYER'S TEL. NO.	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING

REFERENCES – by providing references below, expressed permission for the Elliot Community to make contact is implied

NAME	ADDRESS	PHONE NUMBER

I hereby represent that the information on this Application for Employment is true and I authorize The Elliott to obtain such further information from others as it may reasonably require.

I acknowledge and agree that the falsification of any information on this application may result in cancellation of this application, or if already employed, may result in my immediate dismissal. I further agree and understand that my employment is contingent upon my successful completion of a medical examination. I also accept that my continued employment will be contingent on my successful completion of my 850 hour probationary period.

HAVE YOU ATTACHED A RÉSUMÉ OR ANY ADDITIONAL INFORMATION?

Relatives of persons currently employed by The Elliott Community may be hired only if they will not be working directly for or supervising a relative or will not occupy a position in the same line of authority within the organization. This policy applies to any relative in the organization who has authority to review any employment decision. A relative may include a spouse, child, sibling, aunt, uncle, parent, grandparent, grandchild, nephew or niece including in-laws and those that arise out of a common-law relationship and adoptive arrangements. If this type of conflict of interest arises, the employee may be subject to termination.

YES

NO

SIGNATURE

DATE