



EMPLOYMENT APPLICATION

<p><b>Instructions:</b></p> <p>Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position. A separate application is required for each position/competition. Applications must be received at the appropriate closing date as indicated in the advertisement.</p> <p>An electronic version of this form is available at <a href="http://www.elliottcommunity.org">www.elliottcommunity.org</a></p> <p>The personal information requested on this form is collected and managed as per applicable Privacy Legislation.</p> <p>All information provided to us will be considered as supplied in confidence.</p>	<p><b>INTERNAL USE ONLY</b></p> <p>RESUME ATTACHED</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>DATE RECEIVED</p>
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**POSITION INFORMATION**

POSITION TITLE	DATE OF AVAILABILITY	DATE OF APPLICATION YYYY / MM / DD												
<p>FOR GENERAL APPLICATION</p> <p>Indicate ( ✓ ) the type of employment you are requesting</p> <table style="width:100%;"> <tr> <td style="width:15%;">PERMANENT</td> <td style="width:15%;">Full Time</td> <td style="width:15%;">Part Time</td> <td rowspan="2" style="width:55%;">TYPE(S) OF POSITION FOR WHICH YOU ARE QUALIFIED</td> </tr> <tr> <td>TEMPORARY</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	PERMANENT	Full Time	Part Time	TYPE(S) OF POSITION FOR WHICH YOU ARE QUALIFIED	TEMPORARY	<input type="checkbox"/>	<input type="checkbox"/>	<p>Many positions require shift work, please indicate the shifts that you are able to work:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Days</td> <td><input type="checkbox"/> Afternoons</td> <td rowspan="2" style="width:40%;">                 Staff may be required to lift / transfer residents and / or equipment. Staff may also be required to use various cleaning agents. Do you have any health reasons that may pose a problem performing these duties?  <input type="checkbox"/> No  <input type="checkbox"/> Yes (please specify)             </td> </tr> <tr> <td><input type="checkbox"/> Nights</td> <td><input type="checkbox"/> Weekends</td> </tr> </table>		<input type="checkbox"/> Days	<input type="checkbox"/> Afternoons	Staff may be required to lift / transfer residents and / or equipment. Staff may also be required to use various cleaning agents. Do you have any health reasons that may pose a problem performing these duties? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends
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<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends													

**PERSONAL INFORMATION**

DO YOU KNOW ANYONE WHO WORKS AT THE ELLIOTT COMMUNITY?	HOW DO YOU KNOW THIS PERSON? I.e. Friend, former co-worker, personal acquaintance etc.								
<input type="checkbox"/> NO <input type="checkbox"/> YES, NAME _____									
<table style="width:100%;"> <tr> <td style="width:25%;">LAST NAME</td> <td style="width:25%;">FIRST NAME</td> <td style="width:25%;">INITIALS</td> <td style="width:25%;">PREFERRED CONTACT NO. – or message (    )</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	LAST NAME	FIRST NAME	INITIALS	PREFERRED CONTACT NO. – or message (    )					EMAIL ADDRESS
LAST NAME	FIRST NAME	INITIALS	PREFERRED CONTACT NO. – or message (    )						
MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE					

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?  YES  NO (documentation will be required)

ARE YOU BI-LINGUAL?  NO  YES List language(s) spoken and/or written here: \_\_\_\_\_

**RECRUITMENT TRENDS**

How did you learn we were hiring? (Check ( ✓ ) all that apply)	Advertisement Employee Referral Internet Job Board Other	<input type="checkbox"/> Name of newspaper → <input type="checkbox"/> Name of employee → <input type="checkbox"/> Which job board → <input type="checkbox"/> Please explain →	
Explain why are you interested in working for The Elliott Community?			

**ASSOCIATION / PROFESSIONAL AFFILIATIONS**

List any active memberships or registrations in a professional or career related organization or society.

**WORK HISTORY**

Have you previously been employed by The Elliott Community?  NO  YES, indicate dates, tenure and position held:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required. Your signature attached hereto authorizes the release of any information from the employers listed below, concerning employment history, past performance and/or any other information relevant to your employment.

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ( )	REASON FOR LEAVING	
POSITION HELD BY APPLICANT		SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
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POSITION HELD BY APPLICANT		SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

**EMPLOYMENT REQUIREMENTS**

As a health care provider to a vulnerable population, The Elliott Community requires all staff to comply / provide the following documentation. Please check (✓) areas of compliance and indicated the status of each mandatory requirement.

<input type="checkbox"/> VULNERABLE SECTOR SEARCH POLICE CHECK (6 MONTHS OR NEWER)	<input type="checkbox"/> YES, I HAVE THIS	<input type="checkbox"/> I DON'T HAVE THIS BUT I AM WILLING TO PROVIDE IT
<input type="checkbox"/> UP-TO-DATE IMMUNIZATION RECORD	<input type="checkbox"/> YES, I HAVE THIS	<input type="checkbox"/> I DON'T HAVE THIS BUT I AM WILLING TO PROVIDE IT
<input type="checkbox"/> RECENT TB SKIN TEST	<input type="checkbox"/> YES, I HAVE THIS	<input type="checkbox"/> I DON'T HAVE THIS BUT I AM WILLING TO PROVIDE IT
<input type="checkbox"/> PARTICIPATION IN THE ANNUAL INFLUENZA VACCINE CAMPAIGN	<input type="checkbox"/> YES, I HAVE THIS	<input type="checkbox"/> I DON'T HAVE THIS BUT I AM WILLING TO PROVIDE IT
<input type="checkbox"/> VALID LICENSE / CERTIFICATION (FOR APPLICABLE POSITIONS)	<input type="checkbox"/> YES, I HAVE THIS	<input type="checkbox"/> I DON'T HAVE THIS BUT I AM WILLING TO PROVIDE IT

**SKILLS / ACHIEVEMENTS / PROFESSIONAL ATTRIBUTES**

What else would you like us to know about you? Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

**REFERENCES**

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	PROFESSIONAL RELATIONSHIP	NO. OF YEARS KNOWN
	( )		
	( )		
	( )		

**APPLICANT SIGNATURE**

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below). Your authorization on this application form is your consent that as a condition of being considered for employment at The Elliott Community, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or inaccurate, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

X	DATE SIGNED YYYY / MM / DD
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SIGNATURE (If applying electronically please type your name as authorization)