



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) 466-3476

Last Name: _____ **First Name:** _____

Mailing Address:

Telephone Number:

Home: _____

Cell: _____

Other: _____

Email Address: _____

Date you would be available to start work: _____

Would You Prefer:

_____ Full-Time

_____ Part-Time

How many hours a week are you willing to work: _____

Do you have a reliable means of transportation? ☐ Yes ☐ No

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 _____ YEAR COMPLETED _____

HAVE YOU RECEIVED ANY POST SECONDARY EDUCATION? ____YES ____NO

IF YES, COMPLETE THE FOLLOWING:

INSTITUTION	CERTIFICATE/ DIPLOMA	COURSE	DATE COMPLETED (D/M/Y)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER TRAINING COURSES COMPLETED:

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

EMPLOYMENT HISTORY (STARTING WITH YOUR PRESENT OR MOST RECENT)

1.	PRESENT EMPLOYER AND ADDRESS	POSITION TITLE
	_____	_____
	_____	_____
	IMMEDIATE SUPERVISOR: _____	PHONE: _____
	REASON FOR LEAVING: _____	
	MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO	
	DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:	

2.	PREVIOUS EMPLOYER AND ADDRESS	POSITION TITLE
	_____	_____
	_____	_____
	IMMEDIATE SUPERVISOR: _____	PHONE: _____
	REASON FOR LEAVING: _____	
	MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO	
	DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:	

3.	PREVIOUS EMPLOYER AND ADDRESS	POSITION TITLE
	_____	_____
	_____	_____
	IMMEDIATE SUPERVISOR: _____	PHONE: _____
	REASON FOR LEAVING: _____	
	MAY WE CONTACT FOR REFERENCE: _____ YES _____ NO	
	DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:	

REFERENCES

PLEASE PROVIDE THREE WRITTEN REFERENCES FROM PERSONS OTHER THAN RELATIVES /FRIENDS WHO ARE IN A POSITION TO JUDGE YOUR WORK ABILITY (COPIES ENCLOSED IF NEEDED)

OTHER INFORMATION;

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE?

___ YES ___ NO

PLEASE ATTACH A RECENT CODE OF CONDUCT TO THS APPLICATION
(WITHIN THE LAST 6 MONTHS)

DO YOU AGREE TO DISCLOSE TO TOTAL CARE NURSING, ANY NEW CHARGES WHICH MAY BE FILED AGAINST YOU WHILE YOU ARE EMPLOYED WITH OUR COMPANY

___ YES ___ NO

OTHER COMMENTS

DECLARATION

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I 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