

EMPLOYMENT APPLICATION

Personal Information

Name: First _____ Middle Initial _____

Last: _____

Address: Street: _____ Apartment: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: Home: _____ Cell: _____

Other: _____

E-Mail: Email Address: _____

Are you legally entitled to work in Canada? Yes No

What languages do you speak? _____

Education

	Course / Degree	School's Name	Degree Rec'd: Yes/No	Year Degree Rec'd
High School				
College / University				
Other/Specify				

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Please check any of the following certifications you currently possess.

	Expiry Date (if applicable)
_____ CPR	_____
_____ First Aid	_____
_____ Food Safety Certificate	_____
_____ Other	_____

Restrictions

Work Limitations: Do you have a disability which will affect your ability to perform any of the functions of the Personal Support Worker position?

Yes No

If the above answer is "yes," then:

What functions can you not perform and what accommodations need to be made which would allow you to do the work adequately?

Availability for Work

Hours & Days Available for Work: _____ Overnight _____ Live-in _____ Live-out _____ Shifts less than 4 hours

Please note: Live-in care usually requires that you live in a client's home continuously for 2-5 days at a time every week. For **Live-in work please indicate which days you will accept:**

Sun Mon Tue Wed Thu Fri Sat

Indicate Days and List Hours Available for Work for live-out and/or shift work:

_____ Sunday	From: _____	To: _____
_____ Monday	From: _____	To: _____
_____ Tuesday:	From: _____	To: _____
_____ Wednesday:	From: _____	To: _____
_____ Thursday	From: _____	To: _____
_____ Friday:	From: _____	To: _____
_____ Saturday:	From: _____	To: _____

How much lead-time do you require before going out on a suddenly needed assignment?

_____ Hours _____ Days

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Client Types and Work Duties

Clients **NOT** Willing/Able to Work With:

_____	Dementia/Alzheimer	_____	Children
_____	Cognitive Disabilities	_____	Females
_____	Behavioral Disorders	_____	Males
_____	Physical Disabilities	_____	Smokers
_____	HIVPositive/Aids	_____	Pets
_____	MRSA or Other:	_____	

Duties **NOT** Willing/Able to Perform:

_____	Bathing	_____	Housekeeping
_____	Grooming	_____	Laundry
_____	Oral Care	_____	Cooking
_____	Dressing	_____	Shopping
_____	Bowel Care	_____	Running Errands
_____	Bladder Care	_____	Medication Reminding
_____	Feeding	_____	Caring for Pets
_____	Ambulation/Lifting	_____	Palliative Care
_____	Other	_____	

Experience:

How would you rate yourself on your experience with the following aspects of care giving?
 1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience:

_____ Bathing/Showering	_____ Companionship
_____ Grooming	_____ Laundry
_____ Medication Reminding	_____ Meal Preparation
_____ Dressing	_____ Shopping
_____ Bowel Care	_____ Escorting & Transporting Clients
_____ Bladder Care	_____ Palliative Care
_____ Feeding	_____ Housekeeping
_____ Ambulation	_____ Cooking

Assignment Location: Are you restricted in the geographical location you are willing / able to work? ___Yes ___No
 Explain: _____

Transportation

Type Available _____ Personal Vehicle _____ Public Transportation _____ Other: _____
(Specify)

Drivers:

	Y	N
If requested are you able to provide us with a driver's abstract?		
Do you any convictions under the Highway Traffic Act ?		

Criminal Background Check

Have you been convicted of a criminal offence for which a pardon has not been granted?

Yes No

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Voluntary Positions

Please describe any volunteer positions you have experience with in non-profit agencies, places of worship, hospitals or other organizations, if any.

Organization	Type of Work	From	To

Employment History & Reference Details

(Starting with the most recent job)

Employment Reference #1 Name _____ Phone # _____
 Address: _____
 Last Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

Employment Reference #2 Name _____ Phone # _____
 Address: _____
 Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

Employment Reference #3 Name _____ Phone # _____
 Address: _____
 Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

Volunteer Job Reference (if applicable) Name _____
 Address: _____
 Telephone No.: _____ Email Address: _____
 Reporting Relationship _____

Character Reference Name _____
 Address: _____
 Telephone No.: _____ Email Address: _____
 Nature of Relationship (*client, co-worker, teacher, etc.*) _____
 (*Other than relative.*)

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AUTHORIZATION TO RELEASE INFORMATION

Living Assistance Service is an equal employment opportunity employer dedicated to a policy of non-discrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any non-job-related medical condition or handicap.

Please keep in mind that the questions contained in this application are not intended to be discriminatory based on any non-job-related information.

We want you to know that we will be checking your references as part of our hiring process. This may include contacting your former employers, as well as friends, acquaintances and business associates. We may ask a series of questions about your personal background, work experience, character, education and personality.

**AFTER READING THIS POLICY, PLEASE INDICATE YOUR AGREEMENT
BY SIGNING IT IN THE SPACE PROVIDED:**

I have read and fully understand the foregoing and voluntarily consent to allow Living Assistance Services to check my references by contacting any person whom they deem to be an appropriate reference. Questions may be asked about my personal background, work experience, personality, personal habits and education.

I, _____, (**please print your name here**) hereby authorize my prior employer(s):

1. _____
2. _____
3. _____

To release any and all information relating to my employment with them to Living Assistance Services.

I further release and hold harmless the above mentioned employers and Living Assistance Services from any and all liability that may potentially result from the release and/or use of such information.

I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Applicant's Signature

Date