

EMPLOYMENT APPLICATION

Reliable Home Care Agency Inc.: 1320 Portage Ave, Winnipeg, MB R3G 0V2 Ph: (204) 415-3471 Fax: (204) 201-0711

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| Name | First _____ Last: _____ |
| Address | Street: _____ Apartment: _____ City: _____ Prov.: _____ Postal Code: _____ |
| Phone, E-mail | Home: _____ Cell: _____ E-mail: _____ |
| Language | What languages do you speak? _____ |
| Emergency Contact | Name: _____ Phone: _____ Person to contact in emergency situation |
| Certificates & diplomas (mark what is applicable) | L.P.N ___ R.N ___ Foot Nurse ___ license # _____ Health Care Aide ___ CPR/First Aid ___ Child Abuse Check (valid for 1 years) ___ Criminal Record Check (valid for 1 year) ___ Adult Abuse Check (valid for 1 years) ___ PHIA ___ Note: Applying for any position at Reliable Home Care Agency you must have current: Criminal Record Check, Child Abuse Registry Check, Adult Abuse Registry Check, CPR/First Aid Certificate, PHIA and any ID with your picture on it. |
| Work Limitations | List any work limitations or medical conditions we need to know (such as allergies, fears, etc.) _____ |
| Available for Work | Full-time ___ Part-time ___ Casual ___ On-call ___ |
| Transportation | Do you have a valid Driver's License? ___ Private Vehicle ___ Bus ___ |
| Abuse Investigation | Have you ever been investigated for abuse, neglect or domestic violence? ___ Yes ___ No If "yes", explain: _____ |
| Professional Reference #1 | |
| Name: _____ Position: _____ Relationship _____ | |
| Telephone#: _____ Email: _____ | |
| Professional Reference #2 | |
| Name: _____ Position: _____ Relationship _____ | |
| Telephone # _____ Email: _____ | |
| Professional Reference #3 | |
| Name: _____ Position: _____ Relationship _____ | |
| Telephone # _____ Email: _____ | |

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Reliable Home Care Agency** and I hereby release and discharge any of the above and **Reliable Home Care Agency** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary. I understand that if hired I may be required to provide proof that I am a citizen of Canada or proof that I am authorized to work in Canada.

INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND IF APPLICANT IS ACCEPTED, WILL SERVE AS A PERMANENT RECORD

Applicant's Signature _____

Date _____