

EMPLOYMENT APPLICATION

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

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 to 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 _____