

Royal Terrace

Application For Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

FOR OFFICE USE ONLY

Work Location _____	Rate _____
Position _____	Date of Hire _____

PERSONAL INFORMATION

Name _____

Address _____		City _____	Province _____	Postal Code _____
Phone Number _____	Mobile Number _____	Email Address _____		
Are you legally eligible to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you Bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> Languages Spoken: _____		

POSITION INFORMATION

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
Employment Desired Hours per week _____	Minimum: _____	Maximum: _____

EDUCATION / PROFESSIONAL AFFILIATIONS (copies of proof may requested)

School Name	Location	Years Attended	Degree Received	Major

List any Memberships or Registrations _____

Employment History

Employer (1)	Job Title _____	Dates Employed _____
Work Phone _____	Starting Pay Rate _____	Ending Pay Rate _____
Address _____	City _____	Province _____
Employer (2)	Job Title _____	Dates Employed _____
Work Phone _____	Starting Pay Rate _____	Ending Pay Rate _____
Address _____	City _____	Province _____

Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	Province	Postal Code

REFERENCES

Name	Title	Company	Phone
1.			
Relationship:			
2.			
Relationship:			
3.			
Relationship:			

EMPLOYMENT REQUIREMENTS

As a health care provider to a vulnerable population, Royal terrace requires all staff to comply / provide the following documentation. Please check initial areas of compliance and indicated status

Vulnerable Sector Police Check (6 months or newer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No but am willing to provide it
Up-to Date Immunization Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No but am willing to provide it
Recent 2-step TB Skin Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No but am willing to provide it
Participation in in the Annual Influenza Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No I am not
Willing to work shift work	<input type="checkbox"/> Yes	<input type="checkbox"/> I DO NOT wish to do so
Willing to work weekends	<input type="checkbox"/> Yes	<input type="checkbox"/> I DO NOT wish to do so
Willing to attend 2 departmental meetings, 4 General Staff meetings and all specified ORCA Tutor Online courses	<input type="checkbox"/> Yes	<input type="checkbox"/> No Reason:
Will give a minimum of 2 weeks' notice for termination of employment	<input type="checkbox"/> Yes	<input type="checkbox"/> I DO NOT wish to do so
Willing to contribute per pay to the staff fund (deducted from pay)	<input type="checkbox"/> Yes	<input type="checkbox"/> I DO NOT wish to do so

SIGNATURE DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	