



# SHYLO NURSING and Home Healthcare

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SIN #: \_\_\_\_\_  
(Day) (Month) (Year)

Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

E-Mail: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

### EDUCATION

School/Coll/Univ: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Cert/Dipls/Degs held: \_\_\_\_\_  
(Please provide copies)

RNABC # \_\_\_\_\_ LPN # \_\_\_\_\_ Current  Yes  No

### EMPLOYMENT INFORMATION

Are you currently employed:  Yes  No. If yes, where: \_\_\_\_\_

If you are still working, please state the days & hours you are committed to this work:

Times Available to work for Shylo:  Days  Evenings  Nights

Anything/Anytime  Weekdays  Weekends  Live-in

Specific hours: \_\_\_\_\_

What is your employment goal with Shylo:  Full-time  Part-time  Casual

If hired, on what date will you become available: \_\_\_\_\_

If hired, do you have a reliable means of transportation: Yes  No  Not yet

If you are a parent, do you have adequate child-care arrangements: Yes  No

**WORK HISTORY**

**Last Three Employers:** Please provide company name, the name of your supervisor, their official title, correct phone and fax numbers and email address if at all possible.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Three Personal References:** you've known for at least one year (but not family):

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Email : \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Email : \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Email : \_\_\_\_\_

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**You're required to provide a recent Criminal Record Check to work with Shylo.**

Have you done a CRC within the past 12 months: Yes  No

Will you immediately apply for a CRC through your local Police Dept: Yes  No

**PERSONAL INFORMATION**

General health: \_\_\_\_\_ Medical Issues: \_\_\_\_\_

Current or past back problems: \_\_\_\_\_

Is there any task you will not do? \_\_\_\_\_

Do you smoke: Yes  No  Do you drive (& have a current BCDL): Yes  No

Do you have a car: Yes  No  Is it insured & in good running condition: Yes  No

Are you a Canadian Citizen Yes  No  **OR** Do you have a Permanent Resident Card: Yes  No  (Please provide a copy of your residency card). ***Please note: It's illegal to work or reside in Canada without proper authorization from Immigration Canada.***

I have been provided with a copy of Shylo Nursing and Home Healthcare's guidelines and will abide by them. I have not be guaranteed work on a fulltime basis:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by a Shylo Representative

\_\_\_\_\_  
Date