



EMPLOYMENT APPLICATION

Instructions: Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility. An electronic version of this form is available at www.oaktreemanor.ca/postings/emplapp.pdf	OFFICE USE ONLY DATE RECEIVED
Freedom of Information and Protection of Privacy Act All information to us will be considered as supplied in confidence.	

POSITION INFORMATION

COMPETITION NO.	POSITION TITLE	LOCATION	COMPETITION CLOSING DATE YYYY / MM / DD
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FOR GENERAL APPLICATION Indicate (✓) the type of employment you are requesting	PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	TYPE(S) OF POSITION – please describe
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	Is your age at least 15 years and less than 65 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE TELEPHONE NO. () BUSINESS TELEPHONE NO. – or message () EMAIL
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MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
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LEGAL STATUS TO WORK IN CANADA – documentation may be required <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> OTHER – please specify:	Do you have a disability that may require accommodation in the work place? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what accommodation would you need?
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CURRENT EMPLOYMENT STATUS

Are you currently employed in the seniors' housing or healthcare fields? <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, include (✓) status and provide employee I.D.	EMPLOYEE I.D.
Are you willing to work elsewhere in the province? <input type="checkbox"/> NO <input type="checkbox"/> YES – list locations preferred >	<input type="checkbox"/> Oak Tree Lodge - Richmond <input type="checkbox"/> West Shore Lodge - Victoria

EDUCATION & TRAINING

Please describe secondary, post secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES (✓) NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional or career related organization or society.

WORK HISTORY

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS			

SKILLS / EXPERIENCE

Check (✓) areas of skills/experience that you have which relate to the advertised position or, if this is a general application, to the position(s) that interests you, and attach any appropriate documentation.

	TYPING SPEED	NO. OF YEARS/MONTHS EXPERIENCE/ TRAINING	LIST RELATED EQUIPMENT, HARDWARE AND/OR SOFTWARE APPLICATIONS
<input type="checkbox"/> OFFICE/BOOKEEPING			
<input type="checkbox"/> HOUSEKEEPING			
<input type="checkbox"/> FOOD SERVICES			
<input type="checkbox"/> MAINTENANCE/PHYSICAL PLANT			
<input type="checkbox"/> OTHER			

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license.

List any restrictions / endorsement definitions on license.

If required, do you have access to a vehicle for use for business purposes?

YES

NO

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO. ()	RELATIONSHIP	NO. OF YEARS KNOWN
	()		
	()		
	()		

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that, as a condition of being considered for employment, references about past work performance will be obtained from your current and previous employers. You are also acknowledging that short-listed applicants will be subject to a criminal background check.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

DATE SIGNED
YYYY / MM / DD

X

SIGNATURE (If applying electronically please type your name as authorization)