



APPLICATION FOR EMPLOYMENT

1679 Pembina Highway
Winnipeg, MB R3T 2G6
(204) 269-6308

Position(s) Applied For			Date of Application	
Full-Time	Part-Time	Casual	Term	
Days	Evenings	Nights	Weekends	

Last Name		First Name		Middle Name	
Number	Street Name	City		Province	Postal Code
Telephone Number(s)			Email Address		

Have you ever filed an application with us before?	
No	Yes, give date:
Have you ever been employed or a student with us before?	
No	Yes, give date:
Have you ever been employed under a different name?	
No	Yes, please specify:

Nursing Positions (BN, RN, RPN, LPN):	
Current valid registrations held, please give provinces and number:	
Health Care Aide Positions:	
Are you certified?	
Yes	No
Dietary Positions:	
Do you have a current Food Handler's Certificate?	
Yes	No

Language:		
English:	Speak	Read Write
Do you speak any other language(s)? Please specify:		

EDUCATION

	Name of School and Location	Course of Study	Years Completed	Diploma, Degree, Certificate
High School				
College				
University				

EMPLOYMENT EXPERIENCE

Employer		Dates Employed	
		From	To
Address			
Job Title		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

Employer		Dates Employed	
		From	To
Address			
Job Title		Hourly Rate/Salary	
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Reason for Leaving			

Employer		Dates Employed	
		From	To
Address			
Job Title		Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

REFERENCES

	1	2	3
Name of Reference			
Company/Organization			
Position			
Contact Number			

By submitting this form, you agree to the following (please check all):

In the event of employment, I agree to abide by the policies, procedures, and working rules established by Golden Door Geriatric Centre.

I agree to provide an Immunization Status Record completed by a Physician and incur any costs related to the completion of any necessary immunizations. I also agree to provide a current (within 6 months) criminal record check, adult abuse registry check and child abuse registry check, at my own expense, within 30 days of employment.

I certify the foregoing information to be true and complete and understand that any misrepresentation or omission may result in my dismissal if employed.

I hereby authorize Golden Door Geriatric Centre to contact the references that I have provided.

Date:

An email will open after clicking the SEND FORM button. **Please attach your resume to this email.**