



Diversicare

APPLICATION FOR EMPLOYMENT

Diversicare uses a standard application form so that all applicants may be fairly considered based on standard information. To ensure we can make this comparison, we expect all applicants, even those who apply by resume, to complete an application form. We also expect applicants to complete the form fully, and truthfully. Applicants who do not do so may be disqualified from consideration. (You may wish to read the back of this form.)

Facility

Position Sought	Date available to begin work
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If the position sought would reasonably be expected to involve shift work, which shifts would you prefer to work, and are there any shifts you cannot work?

If the position sought would reasonably be expected to involve either part time or full time work, which would you prefer to work?

Part Time _____ Full Time _____ Either _____

PERSONAL DATA

Last Name		Given Name(s)	
Address: Street		Apt. No.	Home Telephone No.
City	Province	Postal Code	Business Telephone No.
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you read, write and speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you between 18 and 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other languages? (Please specify)	
Have you ever been convicted of a criminal offense for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently awaiting trial on any criminal offense which would in any way be relevant to the position sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			

To determine your qualification for employment, please provide below and on the reverse, your academic and other achievements, including voluntary work, as well as your employment history.

EDUCATION

SECONDARY SCHOOL		BUSINESS, TRADE OR TECHNICAL SCHOOL		
Highest grade or level completed:	Name of Course:	Length of Course:		
Type of certificate or diploma received:		Licence, certificate or diploma awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMUNITY COLLEGE		UNIVERSITY		
Name of Program:	Length of Program:	Length of Course:	Degree awarded <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Honours
Other Courses, workshops, seminars:		Names of Degrees:		

SKILLS

Describe any of your work related skills, experience, or training that relate to the position sought:

Are you now, or have you ever been employed by Diversicare, or have you ever been employed at this work location? If yes, Date: From _____ to _____ Position _____ Department: _____ In which home? _____

EMPLOYMENT HISTORY (Most recent or present employment first)

1. Employer: Address: Dates of Employment: From: _____ To: Final or current salary/wage: _____ per Name and Title of Supervisor: Telephone Number: Reason for Leaving:	Describe major duties and responsibilities: _____ _____ _____ _____
2. Employer: Address: Dates of Employment: From: _____ To: Final or current salary/wage: _____ per Name and title of Supervisor: Telephone Number: Reason for Leaving:	Describe major duties and responsibilities:
3. Employer: Address: Dates of Employment: From: _____ To: Final or current salary/wage: _____ per Name and title of Supervisor: Telephone Number: Reason for Leaving:	Describe major duties and responsibilities:

Is there any reason we cannot contact your current or former employer, or their representatives, or any current or former supervisor to obtain or verify references?
____ No ____ Yes (Please explain)

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING THIS APPLICATION, YOU ARE ACKNOWLEDGING AND ACCEPTING THE FOLLOWING:

Except as I have specifically noted, I authorize you to contact any current or former employer, or their representatives, or any current or former supervisor, to obtain or verify references. Further, I authorize those organizations or individuals to release any information relevant to such references, or my current or past employment.

I confirm the information on this application form is complete, truthful, and not otherwise misleading. I understand that if the information on this application form is incomplete, or if the information is untruthful, or otherwise misleading, I may be disqualified from consideration. If I am hired, and it is subsequently shown the information on this application form was incomplete, or untruthful, or otherwise misleading, I understand and accept that Diversicare will consider it sufficient cause for the termination of my employment.

I understand an offer of employment may be conditional upon a medical clearance in accordance with the employer's policies.

All offers of employment are subject to a probationary period of employment. During that probationary period of employment, the probationary employee's abilities and suitabilities are assessed. If Diversicare concludes the probationary employee does not possess the necessary abilities or suitabilities, the probationary employee's employment will be terminated. The probationary employee will have no entitlement to notice, or pay in lieu of notice, except as agreed at the time of hire, or as established by Diversicare's policies or practices, as they may be amended from time to time. I will accept any employment subject to this probationary period of employment.

I understand an offer of employment for any position in which I would be responsible for the safety or security of a person for whom the company provides services may be conditional upon me providing confirmation I have not been convicted of a criminal offense for which a pardon has not been granted, and that I am not currently awaiting trial on any criminal offense which would in any way be relevant to such safety or security.

I make this application after acknowledging and accepting the foregoing.

(Signature)

(Date)