

Total Home & Health Care Services

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Hiring Date

/ /

APPLICATION FOR EMPLOYMENT

DATE _____

Name _____

Last First Middle Female/Male

Present address _____

Number Street City Province Postal Code

For How long did live there _____ Social Security No. _____

Telephone () _____

Date Of Birth dd/mm/yr _____

Position applied for (1) RN, RPN , PSW Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

(2) HCA , Companion , Housekeeper

Do you drive ? Y / N If Yes do you own a car ? Y / N

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Professional School				
Languages	Read	Write	Speak	

Skill Level

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
Phone number		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Please list two work references:

	Name	Phone
1-		
2-		

Applicant's Name ----- **Singnature**-----