



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

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| TYPE OF WORK DESIRED | POSITION APPLIED FOR | DATE AVAILABLE TO WORK | SALARY DESIRED |
| | AVAILABLE FOR SHIFT WORK : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS DAYS AVAILABLE: S M T W T F S | | HOURS AVAILABLE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMPORARY |
| PERSONAL | LAST OR FAMILY NAME | | FIRST NAME OR INITIAL, MIDDLE NAME OR INITIAL |
| | STREET ADDRESS | | APARTMENT NO. |
| | CITY, TOWN OR POST OFFICE | | PROVINCE |
| | | | POSTAL CODE |
| | TELEPHONE (RESIDENCE) | TELEPHONE (BUSINESS) | ALTERNATE CONTACT |
| | PERMANENT MAILING ADDRESS (if different from the above) | | |
| | EMAIL ADDRESS | | SOCIAL INSURANCE NUMBER |
| | ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND PREPARED TO SHOW PROOF OF THIS ELIGIBILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE ANY HEALTH CONCERNS/RESTRICTIONS RELATED TO THE POSITION THAT YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| GENERAL INFORMATION | HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY RIVER EAST IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | IF YES , WHAT POSITION _____ | | |
| | HOW DID YOU LEARN OF A POSITION WITH RIVER EAST? | | |
| | <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> PRESENT EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> OTHER _____ | | |
| | RIVEREAST HAS MANY LIVE IN AND VISITING ANIMALS DO YOU HAVE ALLERGIES TO ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES SPECIFY _____ DO YOU HAVE FEAR OF ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES SPECIFY _____ | | |

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|-----------------------------------|--------------------------------|--|-------------------------------------|--|---|-------------------------------------|----|----|--------------------------------|---|---|---|---|---|
| EDUCATION | ELEMENTARY | | | | | | | | | | | | | |
| | CIRCLE HIGHEST GRADE COMPLETED | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | SECONDARY | | | | | | | | | | | | | |
| CIRCLE HIGHEST GRADE COMPLETED | | | | | 9 | 10 | 11 | 12 | 13 | | | | | |
| NATURE OF COURSE | | | | | | | | | | | | | | |
| <input type="checkbox"/> ACADEMIC | | | <input type="checkbox"/> COMMERCIAL | | | <input type="checkbox"/> VOCATIONAL | | | <input type="checkbox"/> OTHER | | | | | |

| | | | |
|--|---|--|---|
| POST SECONDARY (UNIVERSITY, COLLEGE, BUSINESS OR COMERICAL, TRADE OR TECHNICAL) | | | |
| SCHOOL | | SCHOOL | |
| LOCATION | | LOCATION | |
| LENGTH OF COURSE | DATES ATTENDED D M Y TO D M Y / / / / | LENGTH OF COURSE | DATES ATTENDED D M Y TO D M Y / / / / |
| GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED | | GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED | |
| SPECIALTY OR MAJOR | | SPECIALTY OR MAJOR | |
| OTHER COURSES, WORKSHOPS, SEMINARS OR TRAINING (NIGHT SCHOOL, CORRESPONDENCE ETC) | | | |
| <input type="checkbox"/> CPR Year: _____ | | Other: _____ | |
| <input type="checkbox"/> First Aid Year: _____ | | | |
| <input type="checkbox"/> Non-Violent Crisis Intervention Year: _____ | | | |

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| DRIVING RECORD | (COMPLETE ONLY WHERE APPLICABLE TO POSITION APPLIED FOR) |
| | DO YOU HAVE A VALID DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LICENCE _____ |

NURSING DEPARMENT APPLICANTS ONLY TO COMPLETE THIS SECTION

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|---|---|
| NURSING EDUCATION B.N. R.N. R.P.N. L.P.N. H.C.A. *ALL APPLICANTS MUST SHOW PROOF OF CERTIFICATION TO BE ELIGIBLE FOR HIRE | AREA OF SPECIALTY _____ |
| | CURRENT PROVINCIAL REGISTRATION _____ OR REGISTRATION ELSEWHERE _____ |
| | HEALTH CARE AIDE COURSE AT: LOCATION _____ SUCCESSFULLY COMPLETED ON: (DATE) _____ |
| | APPLICABLE NURSING COURSES OTHER THAN THOSE INDICATED ABOVE: <input type="checkbox"/> CPR Year: _____ Other: _____ <input type="checkbox"/> First Aid Year: _____ <input type="checkbox"/> Non-Violent Crisis Intervention Year: _____ |

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|---|--|--|--|---------------------|---------|--------|-------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|
| SKILLS Complete Only Where Applicable To position Applied for. | SPECIAL SKILLS | | | | | | | | | | | | | | | | | | |
| | TYPING <input type="checkbox"/> _____ WPM SHORTHAND <input type="checkbox"/> _____ WPM DICTAPHONE <input type="checkbox"/> _____ WORD PROCESSING <input type="checkbox"/> INDICATE MACHINES _____ _____ | SWITCHBOARD <input type="checkbox"/> OFFICE MACHINES <input type="checkbox"/> _____ _____ KEYPUNCH <input type="checkbox"/> INDICATE MACHINES _____ OTHER _____ | | | | | | | | | | | | | | | | | |
| LANGUAGE SKILLS | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:20%; text-align: center;">ENGLISH</td> <td style="width:20%; text-align: center;">FRENCH</td> <td style="width:30%; text-align: center;">OTHER</td> </tr> <tr> <td style="text-align: center;">SPEAK</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">WRITE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">READ</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | | | | ENGLISH | FRENCH | OTHER | SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | READ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | ENGLISH | FRENCH | OTHER | | | | | | | | | | | | | | | | |
| SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| READ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| EMPLOYMENT HISTORY | NAME AND ADDRESS PRESENT/LAST EMPLOYER | | PRESENT/LAST JOB TITLE | | | | | | | | | | | | | | | | |
| | | | PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / / | PRESENT/LAST SALARY | | | | | | | | | | | | | | | |
| | | | NAME OF SUPERVISOR | TELEPHONE | | | | | | | | | | | | | | | |
| | TYPE OF BUSINESS | | REASON FOR LEAVING | | | | | | | | | | | | | | | | |
| | DESCRIPTION OF WORK AND RESPONSIBILITIES | | | | | | | | | | | | | | | | | | |
| | NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER | | JOB TITLE (LAST) | | | | | | | | | | | | | | | | |
| | | | PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / / | PRESENT/LAST SALARY | | | | | | | | | | | | | | | |
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| | DESCRIPTION OF WORK AND RESPONSIBILITIES | | | | | | | | | | | | | | | | | | |
| | NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER | | JOB TITLE (LAST) | | | | | | | | | | | | | | | | |
| | | | PERIOD OF EMPLOYMENT <u> D M Y </u> to <u> D M Y </u> / / / / | PRESENT/LAST SALARY | | | | | | | | | | | | | | | |
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| TYPE OF BUSINESS | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK AND RESPONSIBILITIES | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RESUME ATTACHED <input type="checkbox"/> CRIMINAL RECORD CHECK ATTACHED(MANDATORY) <input type="checkbox"/> OTHER SUPPLEMENTARY INFORMATION ATTACHED | | | | | | | | | | | | | | | | | | | |

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| ADDITIONAL INFORMATION | STATE WHAT YOU DID IN PAY PERIODS NOT ALREADY COVERED – INCLUDE PART TIME, SELF EMPLOYMENT, VOLUNTEER ETC. | |
| | DATES | EXPLAIN |
| | LIST ANY ADDITIONAL INFORMATION WHICH YOU FEEL MIGHT HELP US TO FURTHER EVALUATE YOUR APPLICATION: | |
| REFERENCES | FOR EMPLOYMENT REFERENCES MAY WE APPROACH: | |
| | <p>- YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>- YOUR FORMER EMPLOYERS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |
| | LIST ANY OTHER REFERENCES YOU FEEL WOULD BE HELPFUL TO EVALUATE YOU | |
| CONDITIONS OF EMPLOYMENT | <p>Please Read Carefully Before Signing: I declare the statements made by me in this application are to the best of my knowledge true statement of facts. I agree that any deliberate misrepresentation found to have been made by me will be grounds for dismissal. I understand that I must satisfactorily complete a probationary period from the date of my employment.</p> <p>Date of Application _____ Signature _____</p> | |
| FOR OFFICE USE ONLY | | |
| INTERVIEWED BY _____ DATE _____ | | |
| INTERVIEW COMMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| REFERENCES (ATTACH SEPARATE PAGE AS REQUIRED) <input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE | | |
| TEST RESULTS – INDICATE TESTS GIVEN AND RESULTS (WHERE APPLICABLE). | | |
| <input type="checkbox"/> EDEN SUITABILITY <input type="checkbox"/> TYPING SPEED <input type="checkbox"/> OTHER: _____ | | |
| APPLICANT HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE | | |
| ACKNOWLEDGEMENT FOLLOWING INTERVIEW: <input type="checkbox"/> LETTER DATE | | |
| <input type="checkbox"/> TELEPHONE DATE | | |
| APPROVED BY: Leadership Team Member: _____ | | |

**** Please note: Applications are kept on file for 6 months only. Only suitable candidates that meet the specified criteria will be contacted for an interview.**