

Employee Application

VERSATILE CARE

20 Steelcase Rd. W., Unit 1F

Markham, ON L3R 1B2

(905) 604-8199

Internal Use Only

SIN Number:
Police Check:
TB Test:
Hep B Vaccination:
CPR / First Aid:
PSW / SSW:
RPN/RN:
Reference Check:

Internal Use Only

Drive / Transit:
Closest Intersection:
Meal Preparation:
Housekeeping:
Only Housekeeping:
Opposite Sex:
Pets:
Smokers:

BASIC INFORMATION

Full Name	
Address	
Phone Number	Email Address
Rate of Pay Expected	Date Available for Work

AVAILABILITY

START	FINISH	COMMENTS
Monday	Monday	
Tuesday	Tuesday	
Wednesday	Wednesday	
Thursday	Thursday	
Friday	Friday	
Saturday	Saturday	
Sunday	Sunday	

CERTIFICATION/SKILLS

<p>Available to work Overnights?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>Notes:</p>	<p>Diploma or Courses Completed:</p> <p><input type="checkbox"/> PSW</p> <p><input type="checkbox"/> SSW/CSW</p> <p><input type="checkbox"/> RPN</p> <p><input type="checkbox"/> RN</p>	<p>Languages Spoken:</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> Other:</p>
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EMPLOYMENT HISTORY

Company Name	
Supervisor Name	
Position Held	Duration of Employment
Reason for Leaving	Last Rate of Pay

Company Name	
Supervisor Name	
Position Held	Duration of Employment
Reason for Leaving	Last Rate of Pay

Company Name	
Supervisor Name	
Position Held	Duration of Employment
Reason for Leaving	Last Rate of Pay

LEGALITIES

Have you ever been convicted of a criminal offence for which a pardon has not been granted? YES NO

Are you under a Work or Student Permit? YES NO

Are you legally eligible to work in Canada? YES NO

WORK RELATED REFERENCES

Please note we cannot accept references from colleagues or friends, they must be individuals who you know in a Supervisory Capacity. Preceptors and teachers are acceptable.

Company Name:	Contact Person:
Position Held:	Phone Number:

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Position Held:	Phone Number:

Company Name:	Contact Person:
Position Held:	Phone Number:

SIGNOFF

- I acknowledge that should I become an employee of SMC Versatile Ltd., I understand and adhere to all confidentiality requirements as set out under the Personal Health Information Privacy Act and treat all information provided to me as confidential.
- I declare that I am free and clear of any convictions or criminal offence for which a pardon has not been granted.
- I grant SMC Versatile Ltd. the permission to process my application for employment and declare that all information provided by me is true and I understand that any false statement made by me may disqualify me from employment or cause my dismissal.
- I confirm that the information provided above is correct and wish to submit my application for employment.

Signature

Date