## **KIWANIS NURSING HOME INC.**

## Application for Employment

NAME / ADDRESS						PLEASE PRIN	IT
SURNAME				GIVEN NAMES			
ADDRESS							
ADDRESS							
					• • • • • • • • • • • • • • • • • • • •		
HOME PHONE		CELL			IEMAIL .		
HOME PHONE		CELE			LIMAIL		
					1		
Note: If you are emplo	yed you	will be required	l to maintai	n at least one p	hone number	with a mailbox t	hat can
receive messages							
DOCITION AND LOC	ATION						
POSITION AND LOCATION		Please circle type of		IRN	RA / PSW	Housekeeping	Office
Type of Employi	ment	work applied	* *	LPN	Dietary	Maintenance	Other
Full Time		Are you availa	able for?			· · · ·	
Part Time		Evening		Night		Days	
Student		Weekends		Weekdays		Rotation	
Volunteer		Date available	ə				
RN, LPN Registration No.			Province -		_ Active Ye	ar	
Person to be notified	in case of	emergency:					
Address							
Address				rele	epriorie No		
If employed it may be	necessar	ry for you to be	bonded. H	lave you ever b	een bonded?	Yes □	No 🗆
Have you ever had a	bond den	ied or revoked	?		If so w	vhy?	
If employed it will be r be required to read va							. You will
EDUCATIONAL BAC	KGROU	ND					
Institution (Name and Address)		Years Attended		Certificate or	Degree and Year	Grade	Average
School		:					
University							
Other							
l							

Traine a radicos	of Employer	Dates of Employment	Position Held	Reason for Leaving
1				
2				
·		<u> </u>		
REFERENCES				Talanhana
Name	Complet	e Address Including Postal Code	Occupation	Telephone
·				
DOITIONAL INC	ODBAATION (C	Engaineralativa(e) procently a	mployed by the Home)	
ADDITIONAL INFO	ORMATION (S	Specify relative(s) presently e	employed by the Home)	
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TATEMENT				a Homo conducting or causing
TATEMENT n connection with	my applicatior	n for employment, I hereby co	onsent to Kiwanis Nursing	
TATEMENT  n connection with e conducted a pe	my applicatior ersonal investi	n for employment, I hereby co	onsent to Kiwanis Nursing this may include inform	ation regarding my employm
STATEMENT In connection with the conducted a position	my applicatior ersonal investi rbal or written	n for employment, I hereby con igation. It is understood that form. I certify that the inform	onsent to Kiwanis Nursing this may include information given by me in this	nation regarding my employmonation regarding my employmonation is true and comple
STATEMENT  n connection with  ne conducted a posistory in either ve expressly unders	my applicatior ersonal investi rbal or written stand and agre	n for employment, I hereby co igation. It is understood that form. I certify that the inform see that if any such informat	onsent to Kiwanis Nursing this may include inform ation given by me in this ion is at any time found	nation regarding my employmo application is true and comple to be false or misleading, su
STATEMENT  n connection with  ne conducted a position  nistory in either ve  expressly unders	my applicatior ersonal investi rbal or written stand and agre	n for employment, I hereby co igation. It is understood that form. I certify that the inform see that if any such informat	onsent to Kiwanis Nursing this may include inform ation given by me in this ion is at any time found	g Home conducting or causing nation regarding my employme application is true and comple to be false or misleading, su letion of my probationary perio
TATEMENT of connection with e conducted a point istory in either ve expressly unders offormation will con	my application ersonal investi rbal or written stand and agre nstitute just ca	n for employment, I hereby contingation. It is understood that form. I certify that the informate that if any such informat use for my immediate dismiss	onsent to Kiwanis Nursing this may include inform ation given by me in this ion is at any time found sal, before or after comp	nation regarding my employmapplication is true and complet to be false or misleading, sulletion of my probationary period
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Initial

Rate Per Hr.

Salary Level

Classification\_

Union