



APPLICATION FOR EMPLOYMENT

Section I

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City _____ Province _____ Postal Code _____

Home Phone: _____ Cellphone: _____

E-mail Address: _____

Section II

Position Applied for:

Weekly hours of commitment: _____

Work hours, please specify: (Upon employment, weekly schedule update will be required.)

	MON	TUE	WED	THURS	FRI	SAT	SUN
DAYS							
EVENINGS							
NIGHTS							

How did you learn about this job? _____

Section III

Are you legally entitled to work in Canada?

Citizen Permanent Resident Others: _____

Language/s spoken: _____

Language/s Written: _____

Are there any limitations (physical/mentally) that will keep you from performing the job applied for?

Please explain: _____

RNs, RPNs, and LPNs: Are you currently registered?

Please indicate License #: _____



1Call Care Staffing Solutions
 Website: www.1callcare.ca
 Email: apply@1callcare.ca
 Contact number: 204-297-9992

SCHOOLS ATTENDED	DIPLOMA /DEGREE	YEAR

APPLICANTS MAY PREFER TO ATTACH RESUME TO AVOID DUPLICATION OF INFORMATION.

WORK HISTORY: (List in order, last or present employer first)

EMPLOYER	ADDRESS & TEL. NO.	POSITION	WORK PERIOD	REASON FOR LEAVING

REFERENCES: listed below see attached

NAME	OCCUPATION	EMAIL ADDRESS	TELEPHONE NO.	FAX. NO.

READ CAREFULLY BEFORE SIGNING:

I consent 1Call Care Staffing Solutions to conduct reference checks in connection with my application for employment.

I will submit the following requirements:

- Adult Abuse Registry with vulnerable sector
- Criminal Record Check/ Police Clearance
- Proof of at least 3months work experience: Pls. specify: _____

I will provide 1Call Care proof of applying for these forms within five (5) days from date of hire.

Failure to provide such document may delay job placement.

I understand that any information found on this form to be knowingly false or omitted may result in not being considered for the position and/or may cause dissolution of the agreement.

Date: _____ Signature: _____ Printed Name: _____