

Employment Application

PERSONAL INFORMATION (Please Print)

First Name:	Last Name:	Middle:
Primary Phone:	Secondary Phone:	Postal Code:
Current Address:		City:
Email address:		
Are you legally eligible to work in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any criminal convictions for which a pardon has not been granted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed at Father Lacombe or Providence Care Centre?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Relative(s):		
Have you previously worked for Father Lacombe or Providence Care Centre?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please list what position, unit, and reason for leaving:		

POSITION INFORMATION

Position(s) Applied For: HCA LPN RN Recreation Physiotherapy Other:

Type of work preferred: Full Time Part Time Casual/On-Call Summer/Seasonal

Shift Preference: Days Evenings Nights Weekends Weekdays

HOW DID YOU FIND ABOUT THE POSITION?

Father Lacombe Website College/University Word of Mouth Internet (which site):

Did Practicum at FLCC Volunteer at FLCC Career Fair Other

Referral (who referred):

EDUCATION AND TRAINING

Type	Name of Institution (include city/country)	Years Attended From - To	Completed	Name of Course (as listed on diploma/certificate)
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (HCA/LPN)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
University (RN)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	List any other relevant certifications here:			

RN/LPN/HCA Registration Number:

EMPLOYMENT HISTORY

Current (or Last) Employer	Employer's Name and Address			
Position Held	From (yyyy/mm)	To (yyyy/mm)	Name of Supervisor	Telephone
Reason for leaving				
Previous Employer	Employer's Name and Address			
Position Held	From (yyyy/mm)	To (yyyy/mm)	Name of Supervisor	Telephone
Reason for leaving				

Do you have any physical restrictions that may require accommodation to do your duties? (i.e. latex allergy?)

ADDITIONAL INFORMATION

Is there any additional information you would like to bring to our attention?

CONDITIONS OF EMPLOYMENT

1. All new employees to Father Lacombe Care Society must provide a criminal record check.
2. All new employees must provide a copy of certificate or valid registration with the applicable licensing body.
3. Father Lacombe Care Society will validate employment as listed on both the resume and the application.
4. Father Lacombe Care Society has a duty to protect residents, families, staff, and volunteers from infectious or contagious diseases. For this reason all staff are required to participate in the annual influenza program and tuberculosis screening.

I hereby certify that the information and answers given by me in this application are true and complete in every respect. I also understand that a false statement may disqualify me from employment or result in dismissal.

Applicant's Signature:

Date:

Father Lacombe Care Society thanks all applicants for their interest. However, only those selected for an interview will be contacted. Your application will remain on file for 6 months.

This personal information is being collected under the authority for various statutes of the government of Alberta and will be used for the purpose of ensuring the appropriate administration of Father Lacombe Care Centre employee/volunteer policies. The privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection and/or use of your personal information, please contact FOIPP Coordinator for Father Lacombe Care Centre at 256-4641.