



# APPLICATION FOR EMPLOYMENT

We appreciate your interest in St. Patrick's Home of Ottawa Inc.  
 We seek experienced, caring people to provide the highest quality care and service to our residents. St. Pat's is an equal opportunity employer.

## PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE ( )	OTHER TELEPHONE ( )	EMAIL ADDRESS:
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN PREVIOUSLY EMPLOYED BY ST. PATRICK'S HOME OF OTTAWA? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, when?	
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU WANT TO WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	PLEASE INDICATE YOUR AVAILABILITY <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS	
WHAT TYPE OF WORK ARE YOU SEEKING? <input type="checkbox"/> Management / Administration <input type="checkbox"/> Recreation <input type="checkbox"/> Maintenance <input type="checkbox"/> OTHER _____ <b>NURSING</b> <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> PSW / HCA <input type="checkbox"/> OTHER _____ <b>SUPPORT SERVICES</b> <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Dietary Aide <input type="checkbox"/> Cook <input type="checkbox"/> OTHER _____		

## EDUCATION

LEVEL COMPLETED	SECONDARY SCHOOL				COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
	9	10	11	12	1	2	3	4	5	1	2	3	4	5
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED														
COURSE OF STUDY														
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION														

Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.

**WORK HISTORY** (LIST IN ORDER STARTING WITH YOUR **PRESENT OR MOST RECENT** JOB)

(1)PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (MTH/YR)	TO (MTH / YR)
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
TEL #:( )			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
(2)PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (MTH/YR)	TO (MTH / YR)
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
TEL #:( )			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
(3)PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (MTH/YR)	TO (MTH / YR)
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
TEL #:( )			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?		MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**OTHER SPECIAL SKILLS:**

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**PLEASE READ CAREFULLY**

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal.

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APPLICANT SIGNATURE

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DATE