



Office Use Only
ID #: _____

APPLICATION FOR: CARE AIDE OTHER _____

EXPERIENCE: PSYCHIATRIC MEDICAL / SURGICAL
 ACUTE INTERMEDIATE EXTENDED
 OTHER _____

PERSONAL INFORMATION

Name (Last, First): _____ Sex: Female Male
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Pager: _____ Mobile: _____
 Social Insurance #: _____ Date of Birth: _____ Age _____
 Emergency Contact Name: _____ Contact Number: _____
 E-mail: _____
 Status in Canada: Canadian Citizen Landed Immigrant Work Permit or Visa Other

GENERAL AVAILABILITY / EMPLOYMENT DESIRED

Casual Full Time Part Time Steady Travel Contract (specified term)

Days (circle): Su Mo Tu We Th Fr Sa

Preferred Shift Times: Days Evenings Nights Short shifts

Weekends Weekdays 8 hour Other (please specify): _____

EDUCATION AND TRAINING

School	Name / Location	Course of Study	Graduation Year
High School	_____	_____	_____
College/ University	_____	_____	_____
College/ University	_____	_____	_____

WORK HISTORY

(most current first)

Employer: _____

Address: _____

Supervisor: _____ Phone#: _____

Employment Dates: _____

Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor: _____ Phone#: _____

Employment Dates: _____

Duties: _____

Reason for Leaving: _____

OTHER INFORMATION

Country of Origin: _____ Languages Spoken: _____

Do you have a valid driver's license? yes no

Do you have a vehicle? yes no

Do you have any medical conditions that may affect your abilities to perform the duties of the position for which you have applied? yes no

Have you ever been convicted of a criminal offense? yes no

If yes, explain (not an automatic disqualification):

REFERENCES

(do not include family members or relatives)

Name Occupation Phone Number _____

The information on this application is true and complete to the best of my knowledge. I agree that failure to disclose or any misrepresentation on my application may be grounds for immediate termination.

Applicant Signature

Date