



YORK
Care Centre
 Centre of Excellence in Aging Care

100 Sunset Drive
 Fredericton NB E3A 1A3
 www.yorkcarecentre.ca

Name: _____

Date: _____

Address: _____

Telephone: _____ (h)

 _____ (w)

Email: _____

Area applying for:

- Administration _____
- Food Service _____
- Environmental Services:
 - Housekeeping _____
 - Laundry _____
 - Utility _____
 - Maintenance _____ (level held _____)
- Recreation _____
- Nursing:
 - RN/BN _____ reg.# _____ -
 - L.P.N. _____ reg.# _____
 - Resident Attendant/PSW _____

Have you previously worked at York Care Centre: _____

If yes, position held: _____ When: _____

Available start date: _____

Are you available for:

| | |
|-----------------|-----------------------|
| Full time _____ | hours available _____ |
| Part time _____ | hours available _____ |
| Temporary _____ | hours available _____ |
| Other _____ | hours available _____ |

Are you available to work shift work: _____

Have you worked shift work in previous positions: _____

Language:

1) Spoken _____ 2) Spoken _____
 Written _____ Written _____

Are you legally eligible for work in Canada? Yes ___ No ___

Have you ever been convicted of an offence for which a pardon was NOT granted? _____

If yes, what was the nature of the offence and sentence? _____

| Education | Date | Level completed | Course taken |
|-------------------|------|-----------------|--------------|
| High school | | | |
| Community college | | | |
| University | | | |
| Other | | | |

Employment History please list your most recent employer first (attach addition pages or resume if needed):

1) Employer _____
 Address _____

 Position Held _____
 Supervisors Name _____ Supervisors Number _____
 From (month/year) _____ To (month/year) _____
 Reason for Leaving _____

2) Employer _____
 Address _____

 Position Held _____
 Supervisors Name _____ Supervisors Number _____
 From (month/year) _____ To (month/year) _____
 Reason for Leaving _____

3) Employer _____
 Address _____

 Position Held _____
 Supervisors Name _____ Supervisors Number _____
 From (month/year) _____ To (month/year) _____
 Reason for Leaving _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

References:

| | Name | Relationship | Address | Telephone |
|----------|------|--------------|---------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| | | | | |

Do you know any current employees, if so, what is their name(s)? _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature of applicant: _____ **Date:** _____

Notes - For Personnel Department only. All information will be treated confidentially. Application kept on file for six (6) months. If you become employed this form will be used as a permanent record.