

# West Park Manor Personal Care Home Inc

3199 Grant Avenue, Winnipeg, Manitoba R3R 1X2  
Tel: 204.889.3330 Fax: 204.832.9555

## Employment Application

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel:(H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for or Department:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Preferred Shift:

Days  Evenings  Nights  
 Full Time  Part Time  Casual

### General Background:

- Yes  No Are you legally entitled to work in Canada?  
 Yes  No Have you worked at West Park Manor before? Date: \_\_\_\_\_  
(mm/dd/yy)  
 Yes  No Are you over 16 years old?  
 Yes  No Have you ever been convicted of a criminal offence for which you were not pardoned?

### Education: See Resume

Degree/Certificate	School Name and Location	Year

### Employment History: (include current employer) See Resume

Dates worked	Company Name & Address	Occupation	Salary	Reason for Leaving

### References: (No relatives/family. Two work related.)

Name	City	Telephone	Email	Occupation	Relationship to you

**Other Information:** Please feel free to add any information for consideration in assessing your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# West Park Manor Personal Care Home Inc --Employment Application--

## General Requirements

1. If you are offered employment, it may be subject to you providing verification, including from a physician, of your physical fitness to perform the reasonable requirements of the position offered. In that event you will be provided a list of the physical requirements, and you will not commence work until such verification is provided.
2. If you are hired, your employment will be subject to a probationary period of three (3) months for general support staff and six (6) months for professional staff. West Park Manor may calculate the duration of these probationary periods based on equivalent hours of work in the case of employees working less than full time hours. During the probation period, your employment may be terminated by West Park Manor if the facility finds your work unsatisfactory or for any other reason, or you may resign your position if you are unsuited to your job by giving one (1) week's notice or pay in lieu thereof.
3. By signing and submitting this application for employment to West Park Manor, you are agreeing to the following:
  - a. That to the best of our knowledge, the information given on the Application Form is true and complete and that you understand that if this is not the case and found to be so at a future time, it may be cause for termination of employment;
  - b. That you consent to the information given on this Application Form to be retained by West Park Manor in its' human resource records used in order to assess your suitability and/or eligibility for employment and, if hired, used in the processing and administration of employment related matters;
  - c. That you consent to West Park Manor contacting any or all of the prior employers and/or references listed or attached to resume or application for the purposes of determining your suitability and/or eligibility to be hired;
  - d. That you consent to pay any fees associated with any checks done as part of the application screening process and confirm with a receipt. e.g. criminal record check, child abuse registry, adult abuse registry, etc.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date (mm/dd/yy)

(save or print and email/send to dept. supervisor)

**DO NOT FILL BELOW THIS LINE**

### **Additional Information completed upon hire and submitted to Payroll in the Business Office.**

Social Insurance Number: \_\_\_\_\_ Date of Birth: DDMMYYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: (Single/Married/Common-Law/etc.) \_\_\_\_\_ Gender: \_\_\_\_\_

#### Emergency Contact Information:

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: (H/C) \_\_\_\_\_ Email: \_\_\_\_\_

### **Business Office use only.**

Reference Checks (2-3) Completed:  Yes  No

Record Check requested/completed within six (6) months:

Criminal:  Yes  No

Child Abuse  Yes  No

Adult Abuse:  Yes  No

Physical Fitness Verification Required:  Yes  No Completed:  Yes  No

Medical Fitness Form Required from Physician:  Yes  No Completed:  Yes  No

**Start Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Wage Rate/Hr or Salary:** \_\_\_\_\_

Notes: \_\_\_\_\_