

Personal Information

Last Name: _____	Given Names: _____	
Address: _____	City: _____	Postal Code: _____
Phone Number: () _____	Email Address: _____	

General Information

Position Applied for: _____	Date available: _____
Available for shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual	
Preferred Shift: <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights	
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Offer of employment is conditional upon review of documentation of eligibility to work in long-term care in Canada.</small>	
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Offer of employment is conditional upon review references and Police Record Check.</small>	
Conmed Health Care Group is an equal opportunity employer. Do you have any disabilities that may require accommodation to do the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

Education Information

Institution	Grade, Diploma, Degree or Certificate Completed
Secondary School	
Post-secondary	
List any other specialized or educational experiences completed: _____	

Employment Information

Have you previously worked at any Conmed Health Care Group facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where: <input type="checkbox"/> Billings Court Manor <input type="checkbox"/> Millennium Trail Manor <input type="checkbox"/> Oakwood Park Lodge <input type="checkbox"/> Valley Park Lodge <input type="checkbox"/> Maple Park Lodge <input type="checkbox"/> Crescent Park Lodge <input type="checkbox"/> Queenston Place <input type="checkbox"/> Northview Nursing Home
Do you know any staff currently employed at any Conmed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, whom: _____
Name of current/recent employer: _____ Position: _____
Employment period: _____ Phone number: () _____
Reason for leaving: _____
Name of previous employer: _____ Position: _____
Employment period: _____ Phone number: () _____
Reason for leaving: _____
Name of previous employer: _____ Position: _____
Employment period: _____ Phone number: () _____
Reason for leaving: _____
As a condition of employment, may we contact your present/previous employers for reference, prior to employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
As a condition of employment, I will provide a police clearance certificate acceptable to CONMED. Furthermore, I agree to random police checks during my employment with any CONMED facility. <input type="checkbox"/> Yes <input type="checkbox"/> No

