



EMPLOYMENT APPLICATION FORM

(this form is to accompany a resume and cover letter)

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	Details of work visa: _____
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions _____
Offer of employment is conditional upon review of documentation of eligibility to work in long-term care in Canada.	Expiry _____
Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been charged with a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the outcome? _____	
Have you had any court order (peace bond, probation order, prohibition order, or warrant to arrest)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offer of employment is conditional upon review references and Police Record Check.	
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 record check acceptable to CONMED. Furthermore, I agree to random police record checks during my employment with any CONMED facility. <input type="checkbox"/> Yes <input type="checkbox"/> No

