



# 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 _____
<small>Offer of employment is conditional upon review of documentation of eligibility to work in long-term care in Canada.</small>	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	
<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 <b>police record check</b> 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

Additional applicant information/comments:


I hereby declare that the foregoing information is true and complete to the best of my knowledge. If my application is accepted, I agree to abide by all rules and regulations as set from time to time by the management of Conmed Health Care Group. I am aware that misrepresentation or falsification on this application may result in rejection of my application or would be considered just cause for termination of my employment. I agree to undergo medical examinations that may be required, which are relevant to the position for which I have applied.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CONMED USE ONLY**

Comments: