

Please print, complete & return to the following address:

Evergreen Home for Special Care

655 Park Street
Kentville, NS
B4N 3V7

JOB APPLICATION

The more you write the easier it is for us to know if you are going to fit within our company.
Attach extra paper as necessary

Name: _____
Surname First Middle

Address: _____
Street, Apt

City Province Postal Code

Telephone: _____ Fax: _____

Email: _____

Position(s) Applying For: _____

Check One: Full Time Part Time Seasonal

Hours/Days Available: _____

Why do you want this position(s)? _____

What special competencies would you bring to this position(s)? _____

1. WORK EXPERIENCE: *Please begin with your present or most recent employer.*

Name of Business: _____ Type of business: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Start Date: _____ Leave Date: _____

Job(s) Title: _____ Salary/Wage: _____

Job Duties Responsibilities: _____

What were your reasons for leaving? _____

What would your supervisor say about you? _____

Supervisor: _____ Telephone: _____

May we contact your supervisor? _____

Name of Business: _____ Type of business: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Start Date: _____ Leave Date: _____

Job(s) Title: _____ Salary/Wage: _____

Job Duties Responsibilities: _____

What were your reasons for leaving? _____

What would your supervisor say about you? _____

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Address: _____

Telephone: _____ Fax: _____ Email: _____

Start Date: _____ Leave Date: _____

Job(s) Title: _____ Salary/Wage: _____

Job Duties Responsibilities: _____

What were your reasons for leaving? _____

What would your supervisor say about you? _____

Supervisor: _____ Telephone: _____

May we contact your supervisor? _____

Add other work experience as you wish: the more information you give us about yourself the easier it will be for us to match your skills with our needs.

2. EDUCATION AND TRAINING: *circle the highest grade completed:*

8,9,10,11,12
High School

1,2,3,4,5
University

1,2,3,4,5
Graduate School

Please provide information about your education:

High School, Trade or Vocational Schools & University

School Name: _____

Degrees/Diplomas: _____ Date of Completion: _____

School Name: _____

Degrees/Diplomas: _____ Date of Completion: _____

School Name: _____

Degrees/Diplomas: _____ Date of Completion: _____

School Name: _____

Degrees/Diplomas: _____ Date of Completion: _____

Special Qualifications or Certifications:

Qualifications/Certifications: _____

School Name/Institution: _____ Date of Completion: _____

Qualifications/Certifications: _____

School Name/Institution: _____ Date of Completion: _____

Qualifications/Certifications: _____

School Name/Institution: _____ Date of Completion: _____

Qualifications/Certifications: _____

School Name/Institution: _____ Date of Completion: _____

Industry & Business Training, Include Seminars & Workshops

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

3. PERSONAL:

What are your special interests & activities? _____

What are your personal goals? _____

What are your career goals? _____

What do you do to reduce stress? _____

<u>Languages Spoken</u>	<u>Languages Spoken</u>	<u>Grade Level Proficiency</u>
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What are your personal strengths and weaknesses?	
<u>Strengths</u>	<u>Weaknesses</u>

What teams have you worked or played on? _____

To be a team player, what must a person do & not do?	
<u>Do's</u>	<u>Dont's</u>

Why do you want this job? _____

Anything else you wish to tell us about yourself? _____

- Are you legally entitled to work in Canada? Yes No
- Do you have a valid driver's license? Yes No
- Are you legally able to serve alcoholic beverages (19 or over)? Yes No
- Are you bondable? Yes No
- Have you been convicted of a criminal offence for which you have not been pardoned? Yes No
- Do you have any physical or mental disabilities that might impair you when doing the job that you are seeking? Yes No
- May we conduct a police record verification? Yes No
- May we contact you at work? Yes No
- If not, how do we reach you during the day? _____

My signature on this application confirms that the above information is true. My signature also authorizes EHSC to conduct any necessary inquiries into this or any other information required to determine my suitability for employment. I also understand that if employed, any false statements on this application can be considered sufficient reason for dismissal.

Applicant's Signature: _____ Date: _____

Thank you for taking this time to complete this application.

Pre Employment Health Screening:
 Pre Employment vaccination with Hepatitis B vaccine and a tetanus booster are the employee's responsibility and are recommended.
 Annual influenza immunization will be provided as well as base line tuberculin testing.