



**FRED DOUGLAS**  
SOCIETY

**APPLICATION FOR EMPLOYMENT**

Location of Desired Position:		Fred Douglas Lodge Personal Care Home 1275 Burrows Avenue <input type="checkbox"/>	Fred Douglas Heritage House 100 The Promenade <input type="checkbox"/>
What position are you applying for?		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	Date available for work
What shifts can you work? Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>	Will you work weekends/statutory holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you worked here previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when and in what capacity?

Family Name	Given Names	Telephone No:
		Cell Phone No:
		Email Address:
Address	City or Town, Province	Postal Code
Name(s) you used in previous employment		
Are you legally allowed to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a minor (under 18 years of age)? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not a Canadian Citizen, do you hold a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Professional License/Certificate held:		RN/LPN Registration No.
Registered Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>	<hr/>
Licensed Practical Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Care Aide Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food Handlers Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		

THE FACTS SET FORTH IN MY APPLICATION AND ATTACHED RESUME ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE OR WITHHELD STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



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### **CONDITIONS OF EMPLOYMENT**

- 1) To abide by the policies and procedures of Fred Douglas Society.
- 2) A job offer is contingent upon a satisfactory criminal record check.
- 3) To permit deductions of Union Dues, Pension, Benefit Plan premiums and Staff Fund contributions, where applicable.
- 4) To become a member of the Union associated with the position.
- 5) **Privacy Statement: Personal information of employees collected by Fred Douglas Society, is collected, used, retained and disclosed by the facility for the following purposes:**
  - i. To make staffing and human resources decisions, this may include contacting those who may have information about you, your work experience and your work practice.
  - ii. To assess any special qualifications, needs or requirements you may have in order to determine your eligibility for the position for which you applied and any other position which may become available at our Facility.
  - iii. To meet any legal governmental or regulatory requirements, to detect and prevent fraud, and to promote and protect the interest of our residents and Facility.
  - iv. To meet benefit plans and union requirements.

In the event you are hired by the Fred Douglas Society, the information we have collected about you is transferred to our personnel records. For unsuccessful job applicants, any information we collect about you during the application process will be destroyed within 6 months of your application. During such 180 days, the Facility may consider your application for other positions that may become available and we will contact you if appropriate.

By submitting a resume, you hereby consent to such collection, use, retention and disclosure.

Further understand that if employed, failure to follow and comply with the above conditions of employment may be considered sufficient cause for dismissal.

How much time did you miss from employment in the past year? \_\_\_\_\_

To the best of your knowledge, is your general health good at present time? \_\_\_\_\_

Do you understand the nature of the duties of the job for which you are applying?    Yes            No

Do you have any disability that would interfere with the duties of the position applied for?    Yes            No

If yes, specify: \_\_\_\_\_

Have you had any major illness in the past year which could affect your carrying out some of the duties of the position applied for? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_