



# Tudor House

Personal Care Home

800 Manitoba Ave. Selkirk Mb R1A 2C9  
Tel: (204) 482-6601 Fax: (204) 482-4369

## APPLICATION FOR EMPLOYMENT

O-5

**"CONFIDENTIAL"**

Email: [tudor@mytudor.ca](mailto:tudor@mytudor.ca)  
Website: [www.mytudor.ca](http://www.mytudor.ca)

**NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **DATE AVAILABLE** \_\_\_\_\_  
Surname First Middle

TELEPHONE #: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Full Mailing/Street Address City/Town Prov. Postal Code CELL # \_\_\_\_\_

- LENGTH OF RESIDENCE IN THIS PROVINCE: \_\_\_\_\_ Years. EMAIL: \_\_\_\_\_
- NAME, RELATIONSHIP, AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:  
\_\_\_\_\_
- HAVE YOU BEEN EMPLOYED IN THIS FACILITY BEFORE? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, STATE PARTICULARS:  
\_\_\_\_\_
- ARE YOU 16 YEARS OF AGE OR OLDER? NO \_\_\_\_\_ YES \_\_\_\_\_ (Proof of age will be required if hired, or has Work Permit ( )
- ARE YOU A CANADIAN CITIZEN? NO \_\_\_\_\_ YES \_\_\_\_\_ (If NO, are you legally entitled to work in Canada?)
- ARE YOU BONDABLE? NO \_\_\_\_\_ YES \_\_\_\_\_

*NOTE: Satisfactory "Criminal Record Check & Child & Adult Abuse Registry Checks" are **REQUIRED** as a condition of employment.*

**EMPLOYMENT DESIRED:** FIRST CHOICE: \_\_\_\_\_  
SECOND CHOICE: \_\_\_\_\_  
THIRD CHOICE: \_\_\_\_\_

**NURSING ONLY:** C.L.P.N.M. Reg.# \_\_\_\_\_ C.R.P.N.M. Reg.# \_\_\_\_\_ C.R.N. M.Reg.# \_\_\_\_\_

### RESTRICTIONS:

Do you consider yourself able to perform all of the duties required by the job(s) for which you are making application?  
NO \_\_\_\_\_ YES \_\_\_\_\_ If NO, please explain in the space provided. (eg. Physical conditions limiting your ability to perform the job(s).) *A satisfactory Pre-Employment Physical is required as a condition of employment.*

### AVAILABILITY:

DO YOU PREFER TO WORK : FULLTIME NO \_\_\_\_\_ YES \_\_\_\_\_  
PARTTIME NO \_\_\_\_\_ YES \_\_\_\_\_  
CASUAL NO \_\_\_\_\_ YES \_\_\_\_\_

- ARE YOU AVAILABLE FOR ALL SHIFTS AND ALL DAYS? NO \_\_\_\_\_ YES \_\_\_\_\_.

### LAST THREE EMPLOYERS: (REQUIRED FOR EMPLOYMENT REFERENCE CHECKS!)

NAME OF COMPANY	ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING
1. _____	_____	_____ - _____	_____
2. _____	_____	_____ - _____	_____
3. _____	_____	_____ - _____	_____

### EDUCATION:

	YEAR	STANDING ACHIEVED:
HIGH SCHOOL _____	_____	_____
COMMUNITY COLLEGE _____	_____	_____
UNIVERSITY _____	_____	_____
NURSING COURSES _____	_____	_____
OTHER Training _____	_____	_____

-please see over-

COMMENTS:

CONSENT:

- I give Tudor House the right to make a thorough investigation of my previous employment. I understand that withholding or falsification of any information or material facts relevant to the position will be cause for rejection or dismissal.
- I understand that I will be required to follow the policies and rules of the institution and that infractions of these may lead to dismissal.
- I consent to have a pre-employment physical examination and any future physical examinations as required by the institution at times designated by the institution. It must be submitted to HR Office within 3 months of hiring. Failure to submit Pre-Employment Physical may result in suspension or termination of employment.
- I understand that a satisfactory to the employer **“Criminal Record Check & Adult & Child Abuse Registry Checks** & a satisfactory **“Pre-Employment Physical”** from your family physician is condition of employment.

DATE: \_\_\_\_\_ APPLICANT’S SIGNATURE: \_\_\_\_\_

**THIS AREA TO BE FILLED OUT ONLY AFTER HIRED:**

DATE OF BIRTH: D \_\_\_ M \_\_\_ Y \_\_\_ SEX: M \_\_\_ F \_\_\_ SOCIAL INSURANCE No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

M.H.S.C. No.: \_\_\_\_\_ - \_\_\_\_\_ P.H.I.N. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_ BANK ACCOUNT NO. \_\_\_\_\_

MARITAL STATUS :SINGLE(\_\_\_\_) ENGAGED(\_\_\_\_) MARRIED(\_\_\_\_) DIVORCED(\_\_\_\_) WIDOWED(\_\_\_\_)  
COMMON-LAW(\_\_\_\_) DATE OF COHABITATION: D \_\_\_ M \_\_\_ Y \_\_\_ NO. OF DEPENDANTS \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL, MENTAL OR BACK CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM CERTAIN KINDS OF WORK? (ie. HEAVY LIFTING OR MOVING) IF YES , PLEASE DESCRIBE SUCH CONDITIONS AND SPECIFIC WORK LIMITATIONS:

No ( ) Yes ( ) Describe: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_ CLINIC: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**OFFICE USE ONLY:** Criminal Record Check ( ) Satisfactory Child Abuse Registry Check: ( ) Satisfactory  
2 Employment References ( ) Satisfactory Pre-Employment Physical ( ) Satisfactory Confidentiality Pledge ( ) Sworn & Signed  
Elder Rights Awareness ( ) Sworn & Signed Abuse Awareness Policy ( ) Sworn & Signed Ethics Policy Awareness ( ) Sworn & Signed  
Respectful Workplace & Safe Work Policy Awareness ( ) Sworn & Signed Employment Letter Signed ( ) Returned

EMPLOYMENT STATUS: FULLTIME \_\_\_\_\_ PARTTIME \_\_\_\_\_ TERM \_\_\_\_\_ CASUAL \_\_\_\_\_ (Check all that apply)

START EMPLOYMENT, START DATE: D \_\_\_ M \_\_\_ Y \_\_\_ IF TERM: STOP DATE: D \_\_\_ M \_\_\_ Y \_\_\_

EMPLOYMENT CLASSIFICATION:(Labour Class) \_\_\_\_\_ .RATE STEP: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_

ORIENTATION DAYS: \_\_\_\_\_ ORIENTATION SHEET COMPLETED: \_\_\_\_\_

PARKING needed Y \_\_\_ N \_\_\_ MAKE OF VEHICLE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

UNION MEMBER YES \_\_\_ NO \_\_\_ DATE OF JOINING. D \_\_\_ M \_\_\_ Y \_\_\_\_\_. MNU \_\_\_ IUOE \_\_\_\_\_

PENSION PLAN: DATE ELIGIBLE D \_\_\_ M \_\_\_ Y \_\_\_ DATE JOINED D \_\_\_ M \_\_\_ Y \_\_\_\_\_.  
D & R. PLAN: (Mandatory – Start Date) DATE ELIGIBLE D \_\_\_ M \_\_\_ Y \_\_\_ DATE JOINED D \_\_\_ M \_\_\_ Y \_\_\_\_\_.  
DENTAL & GROUP HEALTH CARE PLAN:DATE ELIGIBLE D \_\_\_ M \_\_\_ Y \_\_\_ DATE JOINED D \_\_\_ M \_\_\_ Y \_\_\_\_\_.  
MANAGER: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature Signature DD-MM-YEAR

NOTE: Submit all completed forms to Payroll/HR Coordinator for review prior to starting orientation & employment.