



**Tudor House**  
Personal Care Home

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

**APPLICATION FOR EMPLOYMENT**  
"CONFIDENTIAL"

O-5

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

NAME: \_\_\_\_\_ DATE \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_  
 PRINT: Surname First Middle TELEPHONE #: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 Street # & Street Name City/Town Prov. Postal Code CELL # \_\_\_\_\_  
 PRINT EMAIL: \_\_\_\_\_

- 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 LEGALLY ENTITLED TO WORK IN CANADA: NO YES  
 IF NO, DO YOU HAVE A WORK PERMIT: 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: \_\_\_\_\_

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

EDUCATION: YEAR STANDING ACHIEVED:

HIGH SCHOOL \_\_\_\_\_  
 COMMUNITY COLLEGE \_\_\_\_\_  
 UNIVERSITY \_\_\_\_\_  
 NURSING COURSES \_\_\_\_\_  
 OTHER Training \_\_\_\_\_

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 understand that a satisfactory to the employer "**Criminal Record Check & Adult & Child Abuse Registry Checks**

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

**DEPARTMENT MANAGER TO COMPLETE:**

**Criminal Record Check** ( ) Satisfactory (Original must be Verified) NOTE: \_\_\_\_\_

**EMPLOYMENT STATUS:** FULLTIME      TERM      INDEFINITE TERM

PART TIME      TERM (E.g. 0.4 or 0.8) \_\_\_\_\_      TERM INDEFINITE      CASUAL      (Check all that apply)

(Note: Indefinite Term for IUOE union is not to exceed one (1) year according to article #3.04)

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

**EMPLOYMENT CLASSIFICATION:**(Position) \_\_\_\_\_ **RATE STEP:** \_\_\_\_\_ **HOURLY RATE:** \_\_\_\_\_

**DATE OF NEW EMPLOYEE ORIENTATION:** \_\_\_\_\_

*Department Manager Signature* \_\_\_\_\_