



Ayre Manor
owned and operated by the Sooke Elderly Citizens' Housing Society
APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(Please Print Clearly)

Name: _____
Last First Middle Initial Previous Names (for reference purposes)

Address: _____
No. Street City Province Postal Code

Phone: _____
Home Cellular Email

Are you legally able to work in Canada? Yes No Give work permit number, if relevant: _____

Are/were you previously employed at Ayre Manor? Yes No If yes, dates and position _____

Position(s) applied for _____ Full-time Part-time Casual

Applicants are expected to be available to work all shifts within the department unless otherwise specified in a written offer of employment.

Are you available to work all shifts? Yes No If no, which shifts are you available to work? _____

List any medical restrictions you may have which would interfere with your job in a care facility. (Work may include transferring and lifting residents, bending, cleaning, standing for long periods of time, and dealing with aggressive and/or physically or verbally abusive residents.)

Do you have a history of back injury? Yes No Do you have any communicable disease(s)? Yes No
 If yes to either of the above, please specify: _____

Are your Immunizations up to date? Yes No

Offers of employment are conditional upon successful completion of a pre-employment medical (subject to the Employer's requirements and at the applicant's expense), which reveals no medical impediments to the performance of duties.

EDUCATION (complete section below or attach resume)

Schooling	Name of Institution	Course of Study	Highest Level Obtained	Years Attended
Junior/Senior High School				From To
College or University				From To
Other (Specify)				From To

Please provide documentary evidence of certificates obtained and registration in professional associations. Original documents brought to interview will be copied and returned.

Are you registered with a professional association? Yes No
 If yes, name of association and registration number _____
Name of Association Registration Number

EMPLOYMENT RECORD (List present or most recent Employer first) (complete section below or attach resume)

Month and Year From To	Name & Address of Employer / Type of Business	Position	Name & Title of Supervisor	Reason for Leaving

May we contact your current Employer? Yes No (complete at time of application)..... please turn over

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REFERENCES

Give the names of three people, preferably employers, and only one personal reference. Students may use teachers as a business reference.

Name	Address	Telephone No.	Occupation	Years Known

Are there any other experiences, skills, or qualifications which you feel would especially prepare you for this position?

Do you have: First Aid Certificate? Yes No C.P.R. Certificate? Yes No

For Activity Aide Applicants:

Do you have a Class 4 Drivers Licence? Yes No

If not, are you willing and able to obtain a Class 4 Driver's Licence? Yes No

Languages spoken: _____

List any friends / relatives working for us: _____

Are you bondable? Yes No Has bonding ever been refused or cancelled? Yes No

All applicants are required to complete a Criminal Record Check prior to employment.

"I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may cause me to forfeit any claims on my part to employment with this organization."

Applicant's Signature: _____ Date: _____

Mail Completed Application to: **Ayre Manor Applications**
6764 Ayre Road
Sooke B.C. V9Z 1K1

To Applicant: The following section should be completed only after you have been offered employment.

Social Insurance #: _____ Birthdate: _____ Marital Status: _____ No. of Dependents: _____

PHN: _____

In case of emergency, notify:

Name: _____ Address: _____

Phone: _____ Relationship to Applicant: _____