



Meadowood Manor

Personal Care Home • Elderly Persons Housing
577 St. Anne's Road • Winnipeg, Manitoba • R2M 5B2
Phone: (204) 257-2394 • Fax: (204) 254-5402

APPLICATION FOR EMPLOYMENT

SURNAME: _____ GIVEN NAMES: _____

POSITION APPLIED FOR: _____

Address: _____ Telephone: Home: _____

_____ Email: _____

Are you in good health? _____ List mental/physical limitations which may affect your ability to perform all duties of the position applied for - on the reverse of this application under "other pertinent information".

Are you willing to supply a Doctor's certificate of fitness for this position? _____

Are you fully vaccinated for COVID 19 ? 1 shot _____ 2 shots _____ 3 shots _____

Have you ever been convicted of a criminal offence? _____

If yes, please list offence and year under "other pertinent information."

Number of days off work for illness during the past year? _____ Comments: _____

Are you legally entitled to work in Canada? _____ What languages do you speak? _____

Grade 12 + Read Skills? _____ Grade 12+ Writing Skills? _____

Highest General Education Standing Obtained? _____

Professional or Technical Qualifications (specify): _____

Type of Employment desired: Full-time Part-time Casual

Term Summer only

Shift preferred Days Evenings Nights

Would you be able to work weekends? Yes No

Employment History: Please list LAST FOUR positions, starting with your PRESENT or most recent one.

DATES FROM TO	COMPANY NAME & ADDRESS	DEPARTMENT & TYPE OF WORK	SALARY	REASON FOR LEAVING

REFERENCES: Give full particulars of three persons, other than Relatives who can be contacted for references.

NAME	ADDRESS	PHONE	OCCUPATION	RELATIONSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other pertinent information: _____

I hereby certify that, to the best of my knowledge, the information given above is true and complete, and I understand that the giving of false information is sufficient reason for termination of employment. I hereby consent to Meadowood Manor verifying all information given and obtaining information from the sources listed in this application.

Date: _____ Signature: _____

(c-appliemp.doc)