



With healing hands and caring hearts!

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Employment Application

APPLICANT INFORMATION					
Position Applied for		Casual <input type="checkbox"/>		Part time <input type="checkbox"/>	
Full time <input type="checkbox"/>					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		Prov.		Postal Code	
Phone		E-mail Address			
Date Available			Desired Salary		
Are you a Canadian citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Canada?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you between the ages of 18 and 65?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when	
Are you prepared to work anywhere within the Regional Municipality?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have the use of a vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you have a valid driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what is the class and province	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma
College/ University			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
PREVIOUS EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EMPLOYMENT CONT`D

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REFERENCES

Please list three professional references.

Full Name	Relationship
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Company	Address
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Phone ()	Email
-----------	-------

Full Name	Relationship
-----------	--------------

Company	Address
---------	---------

Phone ()	Email
-----------	-------

Full Name	Relationship
-----------	--------------

Company	Address
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Phone ()	Email
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DISCLAIMER AND SIGNATURE

I authorize Ottawa Home Care to contact my references for the purpose of my application for employment.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release from employment.

Signature	Date
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