



## EMPLOYMENT APPLICATION

**IMPORTANT: PLEASE READ THE FOLLOWING:**

1. This employment application form is to be used by external applicants.
2. We thank all applicants for their interest, however, only those selected for an interview will be contacted.
3. Incomplete applications may not be considered.
4. Submit completed applications using one of the following two methods:

FAX TO:  
(403) 220-1128

MAIL TO:  
Southwood Care Centre  
211 Heritage Drive SE  
Calgary, Alberta  
T2H 1M9

POSITION INFORMATION (PLEASE PRINT)		
<b>POSITION DESIRED:</b> _____	<b>LOCATION DESIRED:</b> <input type="checkbox"/> CHINOOK <input type="checkbox"/> BRENTWOOD <input type="checkbox"/> SOUTHWOOD <input type="checkbox"/> INTERCARE @ MILLRISE	<b>STATUS:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL
DATE AVAILABLE: _____		
SHIFT AVAILABLE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS		

PERSONAL INFORMATION			
LAST NAME		FIRST NAME AND INITIAL	
HOME ADDRESS			
CITY	PROVINCE	POSTAL CODE	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?
TELEPHONE: HOME & CELL (H) _____		E-MAIL ADDRESS: _____	

GENERAL INFORMATION		
HAVE YOU EVER BEEN EMPLOYED BY INTERCARE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, INDICATE LOCATION	POSITION HELD
DO YOU HAVE ANY RELATIVES EMPLOYED BY INTERCARE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE INDICATE LOCATION AND POSITION HELD	
HOW DID YOU FIND OUT ABOUT THIS POSITION?		
<input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> CAREER FAIR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER _____		

## EDUCATION AND TRAINING

**SCHOOLING:**

HIGHEST GRADE ACHIEVED: \_\_\_\_ YR. COMPLETED \_\_\_\_ NAME OF SCHOOL ATTENDED \_\_\_\_\_

**POST-SECONDARY EDUCATION:**

UNIVERSITY  COLLEGE  TECHNICAL SCHOOL  OTHER \_\_\_\_\_ (PLEASE SPECIFY)

NAME AND LOCATION OF INSTITUTE: \_\_\_\_\_

COURSE OF STUDY OR MAJOR \_\_\_\_\_ DIPLOMA/DEGREE OBTAINED  YES  NO

IF YES, PLEASE STATE DATE OF COMPLETION \_\_\_\_\_

ADDITIONAL RELATED EDUCATION: \_\_\_\_\_

## EMPLOYMENT HISTORY

<b>MOST RECENT</b>	POSITION/TITLE	EMPLOYER'S ADDRESS	
SUPERVISOR'S NAME, POSTION, PHONE NUMBER			
DATE STARTED	DATE LEFT	AVERAGE WEEKLY HOURS	
REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES:			
<b>2<sup>ND</sup> TO LAST</b>	POSITION/TITLE	EMPLOYER'S ADDRESS	
SUPERVISOR'S NAME, POSTION, PHONE NUMBER			
DATE STARTED	DATE LEFT	AVERAGE WEEKLY HOURS	
REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES:			
<b>3<sup>RD</sup> TO LAST</b>	POSITION/TITLE	EMPLOYER'S ADDRESS	
SUPERVISOR'S NAME, POSTION, PHONE NUMBER			
DATE STARTED	DATE LEFT	AVERAGE WEEKLY HOURS	
REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES:			

## REFERENCES

FOR EMPLOYMENT REFERENCES, MAY WE APPROACH:

YOUR PRESENT/LAST EMPLOYER?

YES  NO

YOUR FORMER EMPLOYER(S)?

YES  NO

LIST ANY ADDITIONAL REFERENCES (RELATED TO WORK)

## APPLICANT'S DECLARATION

Before signing please be sure your application is filled out completely and that you have read and understood the following:

1. I declare the statements made by me in this application are, to the best of my knowledge, true. I realize that any false statement deliberately made will be grounds for dismissal. I also understand that, if hired I must successfully complete a probationary period.
2. With my agreement, Intercare Corporate Group may contact my present and former employers as identified to obtain references.
3. Obtaining a security clearance, i.e. A satisfactory criminal record check is a condition of employment. I understand it is my responsibility to pay all costs related to obtaining a criminal record check.
4. I understand that the pass/fail results of the criminal check will be kept in confidence in the Human Resources Department, and will only be disclosed to the Hiring Manager.
5. To protect the health of our residents and staff, all new employees are required to have an annual flu immunization (available at the care center).
6. To protect the health of our residents and staff, and in compliance with Alberta Health's Infection Control standards, all new employees are required to provide a copy of their Tuberculosis or Chest X-Ray paperwork within 30 days of their date of hire. This may be obtained from a Tuberculosis clinic.
7. I understand that unless authorized by the Facility Leader or Designate, I will be required to attend Intercare's General Orientation session(s) with the Education team prior to commencing orientation in the job classification for which I have been hired.

**APPLICANT'S SIGNATURE**

**DATE**

Please be advised that the personal information you have provided herein may be used for the purpose of employment only, and conforms to Section 32 of the Freedom of Information and Protection of Privacy Act. For additional information, contact our Human Resource Department.

Have you attached a resume of additional information?  YES  NO

This information is collected pursuant to the Intercare Corporate Group Inc. Privacy Policy and its obligations under the Personal Information Protection Act.