

# Wing Kei

Wing Kei Care Centre 1212 CENTRE STREET NE CALGARY AB T2E 2R4  
 Wing Kei Greenview 307 35 AVE NE CALGARY AB T2E 7Y6

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Tel: 403-277 7433

Tel: 403-520 0400

Website: [www.wingkeicarecentre.org](http://www.wingkeicarecentre.org)

## Application for Employment

Date: \_\_\_\_\_

<b>Position Applied For</b>		<b>Type of Employment:</b>			
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Relief (Casual)	
		<input type="checkbox"/> Summer	<input type="checkbox"/> Temporary	<input type="checkbox"/> Others:	
<b>Shift Availability:</b>					
		<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	
		<input type="checkbox"/> Rotating	<input type="checkbox"/> Weekends		
<b>Surname</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>					
<b>City</b>		<b>Province</b>		<b>Postal Code</b>	
<b>Telephone (Home)</b>	<b>Telephone (Business)</b>	<b>Telephone (Cell)</b>		<b>Email Address</b>	
<b>Are you fluent in English?</b>	<b>Are you fluent in Cantonese?</b>	<b>Are you fluent in Mandarin?</b>		<b>Other Language Skills (Please Specify)</b>	
<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No	<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No	<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No		_____	
<b>Professional Association/Registration</b>					
<b>Registration</b>		<b>Expiry Date</b>		<b>Province and Registration Number</b>	
<input type="checkbox"/> RN/LPN:					
<input type="checkbox"/> Other Healthcare Professional:					
<input type="checkbox"/> Other (please specify):					
<b>Education</b>	<b>Name and Location of Institution</b>		<b>Degree/Diploma or Grades Completed</b>		
Post-Secondary (University, College, School of Nursing, Technical/ Business, etc.)					
High School					
Other Courses					
<b>Skills</b>	<input type="checkbox"/> Active Nursing License (# _____ ) <input type="checkbox"/> CPR/BCLS/ACLS (#DATE _____ ) <input type="checkbox"/> N95 Fit Testing <input type="checkbox"/> Medication Administration		<input type="checkbox"/> Medical Terminology <input type="checkbox"/> Food Safety Alberta Certification <input type="checkbox"/> Others:		
<b>Employment History</b>					
<b>Last Position</b>	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	<b>Name and Address of Employer</b>		
<b>From (YY/MM)</b>	<b>To (YY/MM)</b>	<b>Telephone</b>	<b>Name of Supervisor</b>	<b>Title of Supervisor</b>	
<b>Duties</b>	<b>Reason for Leaving</b>				

2 <sup>nd</sup> Last Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	Name and Address of Employer		
From (YY/MM)	To (YY/MM)		Telephone	Name of Supervisor	Title of Supervisor
Duties			Reason for Leaving		
3 <sup>rd</sup> Last Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	Name and Address of Employer		
From (YY/MM)	To (YY/MM)		Telephone	Name of Supervisor	Title of Supervisor
Duties			Reason for Leaving		
Additional Comments					
<b>How did you learn about Wing Kei or our job postings?</b>					
<input type="checkbox"/> Wing Kei Website			<input type="checkbox"/> Online Job Search Engine (Please Specify):		
<input type="checkbox"/> Newspaper (Please Specify):			<input type="checkbox"/> Other (Please Specify):		
<input type="checkbox"/> I am referred by a current Wing Kei Employee:					
Name		Title		Contact	
<b>Consent for Release of Information/Employment Reference</b>					
<i>I am applying for employment with Wing Kei and I hereby authorize my previous employers to release personal information to Wing Kei any information relating to my employment and/or educational background.</i>					
Previous Employer		Supervisor		Phone Number	
<b>Date:</b> _____ <b>Signature:</b> _____					
<b>Conditions of Employment</b>					
<ol style="list-style-type: none"> <li>I understand all new employees of Wing Kei are responsible for the cost and provision of a criminal records check in compliance with the protection of persons in care act.</li> <li>I understand that Initial and continued employment at Wing Kei will depend on my ability to meet the health requirements.</li> <li>I understand group benefit plans will be available for eligible employees and will be in accordance with the policies and regulations of those plans.</li> <li>I understand that where there is provision for recognition of previous experience for the determination of salary and/or portability of benefits, I will be required to provide written confirmation from my previous employers regarding my experience and benefits within one (1) month of the date of employment.</li> <li>I understand that in order to receive recognition for education qualification, I must provide a copy of my certificate, diploma or degree.</li> </ol> <p>I hereby certify that the information and answers given by me in this application are true and complete in every respect and I understand that any false answers or statements made by me may be grounds for termination of employment. I also understand that if I am hired I will be required to provide personal information – including my birth-date, sex, SIN, emergency contact, marital status, names of spouse and dependents, immunization records.</p>					
<b>Date:</b> _____ <b>Signature:</b> _____					

Thank you for applying to Wing Kei. Unless you are contacted for an interview, you will receive no further acknowledgement of your application.