



# Wing Kei Care Centre

1212 CENTRE STREET NE CALGARY AB T2E 2R4

Tel: 403-277 7433 Fax: 403-230 3857

HR: 403-769 9951 Confidential Fax: 1-866-281 5988

## Application for Employment

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

<b>Position Applied For</b>		<b>Type of Employment:</b>			
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Summer	<input type="checkbox"/> Temporary	<input type="checkbox"/> Relief (Casual)
		<b>Shift Availability:</b>			
		<input type="checkbox"/> Rotating	<input type="checkbox"/> Nights	<input type="checkbox"/> Evenings	<input type="checkbox"/> Days
<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> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you fluent in Chinese?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which dialect(s)			
<b>Professional Association/Registration</b>					
<b>Registration</b>		<b>Expiry Date</b>		<b>Province and Registration Number</b>	
RN/LPN					
RT, Trade					
Other (please specify)					
<b>Education</b>		<b>Name and Location of Institution</b>		<b>Degree/Diploma or Grades Completed</b>	
High School					
Post Secondary (University, College, School of Nursing, Technical/ Business, etc.)					
Other Courses					
<b>Skills</b>		<input type="checkbox"/> Typing – WPM <input type="checkbox"/> Dictaphone WPM <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Shorthand WPM		<input type="checkbox"/> CPR/BCLS/ACLS (Date ) <input type="checkbox"/> Computer Skills Model/software <input type="checkbox"/> Data Entry      Keystrokes/Touch	
<b>Employment History</b>					
<b>Last Position</b>		<b>Name and Address of Employer</b>			<b>Postal Code</b>
<b>Telephone</b>		<b>Name of Supervisor</b>		<b>Position Held</b>	<b>From (YY/MM)</b>
					<b>To (YY/MM)</b>
<b>Duties</b>		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Temp		<b>Reason for Leaving</b>	

2 <sup>nd</sup> Last Position		Name and Address of Employer		Postal Code		
Telephone		Name of Supervisor	Position Held		From (YY/MM)	To (YY/MM)
Duties		<input type="checkbox"/> FT <input type="checkbox"/> Casual	<input type="checkbox"/> PT <input type="checkbox"/> Temp	Reason for Leaving		
3 <sup>rd</sup> Last Position		Name and Address of Employer		Postal Code		
Telephone		Name of Supervisor	Position Held		From (YY/MM)	To (YY/MM)
Duties		<input type="checkbox"/> FT <input type="checkbox"/> Casual	<input type="checkbox"/> PT <input type="checkbox"/> Temp	Reason for Leaving		
Additional Comments						
How did you learn about Wing Kei Care Centre or our job postings						
<b>Consent for Release of Information/Employment Reference</b> <i>I am applying for employment with Wing Kei Care Centre and I hereby authorize my previous employers to release personal information to Wing Kei Care Centre any information relating to my employment and/or educational background.</i>						
Previous Employers		Supervisor		Phone Number		
Date _____ Signature _____						
<b>Conditions of Employment</b> 1. All new employees of Wing Kei Care Centre are responsible for the cost and provision of a criminal records check in compliance with the protection of persons in care act. 2. Initial and continued employment at Wing Kei Care Centre will depend on the employees' ability to meet the health requirements. 3. Group benefit plans will be available for eligible employees and will be in accordance with the policies and regulations of those plans. 4. 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. 5. I understand that in order to receive recognition for education qualification, I must provide a copy of my certificate, diploma or degree.  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, AHCIC number, emergency contact, marital status, names of spouse and dependents.						
Date _____ Signature _____						

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