



THE KINGS WAY *LIFECARE ALLIANCE*

Giving Purpose and Meaning to Every Life

APPLICATION FOR EMPLOYMENT

Last Name First Name Middle Initial

Current Address (No. & Street or PO No.) City / Province Postal Code

Email Address

Telephone Number Language Spoken Language Written

Have you reached legal working age? Yes No

Are you legally eligible for work in Canada? Yes No

DESIRED EMPLOYMENT

Desired Location: Kings Way Care Centre Kennebec Manor

Position applied for Date available for work

Employment Desired: Full Time Part Time Casual

Have you been employed by Kings Way LifeCare Alliance previously? Yes No

If "YES", please give date (s) _____

Do you have any friends or relatives (other than a spouse) employed by Kings Way LifeCare Alliance? If "YES", please list:

Name	Relationship	Number of Years Known

EDUCATION

Education	Name	Field of Study	Degree / Diploma Received	Year Obtained
High School				
University				
Community College				
Special Courses				
Special Skills				

License / Registrations Held: _____

EMPLOYMENT HISTORY

Begin with your most recent employment:

1

Name of Organization

Address

From	To	Position Held	Name & Position of Supervisor	Reason for Leaving	May we contact for a reference?

2

Name of Organization

Address

From	To	Position Held	Name & Position of Supervisor	Reason for Leaving	May we contact for a reference?

3

Name of Organization

Address

From	To	Position Held	Name & Position of Supervisor	Reason for Leaving	May we contact for a reference?

4

Name of Organization

Address

From	To	Position Held	Name & Position of Supervisor	Reason for Leaving	May we contact for a reference?

May we contact your present employer for a reference? Yes No

Have you previously made application for a bond? Yes No

Have you previously had a bond cancelled? Yes No

Have you ever been discharged from any employment position? Yes No

If "YES", please describe: _____

Have you ever been convicted of a criminal offence? Yes No

Have you ever been charged with a criminal offence? Yes No

If "YES" please describe: _____

SCHEDULES & HOURS OF WORK

As we operate our facility 24 hours per day, seven days per week, it is essential that we provide staffing coverage to meet this need. Our philosophy of care dictates that our staffing schedules provide as much consistency in resident interaction as possible. In trying to balance these needs with your needs,

- a. Do you have a shift preference? We have many shifts available (days (7:00-3:00), Evenings (3:00-11:00), Nights (11:00-7:00), shorter shifts or split shifts).

- b. Do you have a rotation preference? (i.e. can only work Tuesdays and Fridays or can only work weekends).

- c. How many hours per day would you prefer to work? (i.e. 4, 6, 8, 10, 12).

- d. How many hours per week would you prefer to work? (i.e. 10 hours at a minimum or 44 hours at a maximum).

REFERENCES

Name & Occupation	Address	Telephone	Years Known

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- 1 Please notify the Business Office (847-1131) of all telephone and address changes. If you can not be reached at the address given, your application will be withdrawn.
- 2 This application is valid for six months only but may be renewed upon request.
- 3 I hereby certify that the facts set forth in this application for employment are true and complete. I understand that falsification and omission of facts shall be sufficient cause for dismissal should I be employed.
- 4 I authorize Kings Way LifeCare Alliance to investigate the statements made above and to contact my former employers and references submitted unless otherwise stated with reasons.
- 5 I understand that all employees are covered by Kings Way LifeCare Alliance's insurance and bonding policies and it is my responsibility to continue to be bondable.
- 6 I understand that it is a condition of employment that I adhere to the mission and policies of Kings Way LifeCare Alliance regarding all matters of the said organization.

- 7 I understand that Kings Way LifeCare Alliance promotes a healthy living and work environment which includes a smoke free and scent reduced environment within the facility as well as on the property of Kings Way LifeCare Alliance.
- 8 I understand that Kings Way LifeCare Alliance has adopted the Eden Alternative as their guiding philosophy of care. I realize that should I be hired, I may be required to work with and care for animals such as birds, fish, cats and dogs as well as plants.
- 9 I realize that should I be hired, during the course of my duties at Kings Way LifeCare Alliance, any information regarding residents or staff, which I may see, read or hear, is confidential and I recognize my responsibility to maintain confidentiality.
- 10 I understand that it may be necessary to work weekends, holidays, or rotation / split shifts.
- 11 I understand that due to the nature of the services provided by Kings Way LifeCare Alliance, an exceptional record of attendance, promptness and dependability are required.
- 12 When required, a current license, certification and registration with the employees respective association must be maintained and proof of such is shown annually or as directed.
- 13 I understand that if successful in attaining a position, I may be subject to a medical exam, criminal record check (vulnerable population), drug / alcohol testing, and / or fitness / functional testing as a condition of employment.
- 14 **I understand that the fees associated with the above required tests are \$100.00 made payable to Kings Way LifeCare Alliance and is due at the time of job offer. I also understand that this fee is non-refundable.**
- 15 I agree to give Kings Way LifeCare Alliance the required period of notice should I wish to terminate my employment.

Signature of Applicant

Date