



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) 253-0393

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

POSITION INFORMATION (PLEASE PRINT)		
POSITION DESIRED: _____	LOCATION DESIRED: <input type="checkbox"/> CHINOOK <input type="checkbox"/> BRENTWOOD <input type="checkbox"/> SOUTHWOOD	STATUS: <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)		TELEPHONE (WORK)	

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"/> 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

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

APPLICANT'S SIGNATURE

DATE

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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. The company is collecting and using this personal employee information for the establishment, management and termination of your employment relationship, as well as for payroll, benefits administration (including sickness, disability, and pension benefits as applicable) and other reasonable purposes regarding your employment.