



60 Ambassador Row  
Winnipeg, MB  
R2V 3L8  
Ph: 1-204-221-3900  
Fax: 1-204-221-4011

Web: [www.pro-careservices.ca](http://www.pro-careservices.ca)  
Email: [info@pro-careservices.ca](mailto:info@pro-careservices.ca)

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DATA**

<b>First name:</b>		<b>Last name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>Postal code:</b>	
<b>Phone (home):</b>		<b>Work:</b>	<b>Cell:</b>
<b>Do you have a vehicle?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Do you have a valid Driver's license?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Are you legally able to work in Canada?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	

**POSITION OF INTEREST** (please check one) + (*Nurse Registration Number*)

HSW       HCA       LPN       RN       BN       RPN

<b>Are you willing to do shift work?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, which shifts:</b>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>
	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
<b>What type of work are you looking for?</b>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
	Casual <input type="checkbox"/>	

**GENERAL INFORMATION**

<b>Have you previously worked at Pro-Care ?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Have you worked for other health care agencies?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes,</b>	<b>Where:</b>	<b>Year:</b>
		<b>Position:</b>
<b>Do you speak a second language aside from English?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, which language(s)?</b>		
<b>How did you hear about our agency?</b>	Friend <input type="checkbox"/>	Newspaper <input type="checkbox"/>
	Job Bank <input type="checkbox"/>	Website <input type="checkbox"/>

**Other:**

Have you completed any type of Health Care program?    Yes     No

If yes, type and date completed:

**SKILLS**

Please provide information on any special experience, computer skills, volunteer experience, etc that you feel may assist in your job performance.

Office work: \_\_\_\_\_

Aside from work: \_\_\_\_\_

Education	Name of Institution	Program or Specialization	Start Date	Completion Date	Degree/Diploma Awarded
High School					
University/College					
Other					

Are you presently attending school:    Yes     No

If yes, specify dates/days/hours you would NOT be available to work:

**EMPLOYMENT HISTORY**

Employer's name & address (most current):

Job title:

Period of employment (d/m/y):  
 Start date:  
 End date:

Reason for leaving:	Name of supervisor:	Reference check approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact telephone #:
Duties & responsibilities:		Present/Last pay rate:	

<b>Employer's name &amp; address:</b>			
<b>Job title:</b>			
<b>Period of employment (d/m/y):</b> <b>Start date:</b> <b>End date:</b>			
<b>Reason for leaving:</b>	<b>Name of supervisor:</b>	<b>Reference check approval:</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Contact telephone #:</b>
<b>Duties &amp; responsibilities:</b>		<b>Present/Last pay rate:</b>	

<b>Personal References</b>	<b>Phone Number</b>	<b>Work References</b>	<b>Phone Number</b>
<b>1.</b>		<b>1.</b>	
<b>2.</b>		<b>2.</b>	

<b>DECLARATION FOR EMPLOYMENT</b>
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**I hereby certify that the facts stated in this application for employment are true and complete to the best of my knowledge.**

**I understand that if employed, falsified statements on this application are considered sufficient cause for dismissal.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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