

## The Salvation Army

## William Booth Special Care Home

50 Angus Road, Regina, Sk. S4R 8P6

## **APPLICATION FOR EMPLOYMENT**

| NAME IN FULL                                       |                |                          |               |                        |
|--|----------------|--------------------------|---------------|------------------------|
| ADDRESS  | POSTAL CODE    |                          | L CODE        |                        |
| TEL# (H)   | TEL#(C) _      | EMAIL ADDRESS            |               |                        |
| PRESENTLY EMPLOYED?                                | YES NO         | ARE YOU LEGALLY ENTI     | ITLED TO WORK | X IN CANADA YES 🔲 🔝 NO |
| POSITION APPLYING FOR                              | R:             | DATE AVAILA              | ABLE FOR WORI | K:                     |
| ARE YOU WILLING TO W                               | ORK SHIFTS: YE | S 🔲 NO 🔲 ARE YOU W       | ILLING TO WOR | K WEEKENDS YES INO     |
| EDUCATION: (CIRCLE ED                              | UCATION OBTAI  | (NED)                    |               |                        |
| HIGH SCHOOL POST SECONE<br>9 10 11 12 1 2 3 4 5+   |                | TIFICATE / DIPLOMA / DEG | GREE          |                        |
| OTHER QUALIFICATIONS                               | S:             |                          |               |                        |
| FORMER EMPLOYER WE WILL CONTACT I THE CONTACT MUST | PAST EMPLOY    | ERS FOR REFERENCE        | ES            |                        |
| Name, Address, Phone#                              |                | Dates worked from & to   | Position      | Reason for leaving     |
| 1  |                |                          |               |                        |
|  |                |                          |               |                        |
| Employer reference: Name_                          |                |                          | Phone#        |                        |
| 2  |                |                          |               |                        |
|  |                |                          |               |                        |
| Employer reference: Name                           |                |                          | Phone#        |                        |
| 3  |                |                          |               |                        |
|  |                |                          |               |                        |
| Employer reference: Name_                          |                |                          | Phone#        |                        |

| DO YOU HAVE A DISABILITY WHICH WII<br>OF THE JOB FOR WHICH YOU HAVE APP      | LL AFFECT YOUR ABILITY TO PERFORM ANY OF THE FUNCTIONS LIED YES NO   |
|--|--|
| IF YES, WHAT FUNCTIONS CAN YOU NOT<br>WHICH WOULD ALLOW YOU TO PERFOR<br>JOB | T PERFORM AND WHAT ACCOMMODATIONS COULD BE MADE RM THE   |
|  |  |
|  | EEN UNDER INVESTIGATION FROM ANY EMPLOYER OR YES  NO   |
| HAVE YOU EVER BEEN TERMINATED BY AN E  | EMPLOYER? ?  |
| PERSPECTIVE EMPLOYEES ARE SUBJEC'<br>EVERY 3 YEARS THEREAFTER.               | T TO A CRIMINAL RECORDS CHECK PRIOR TO EMPLOYMENT &  |
|  | TION OF ANY OF THE STATEMENTS CONTAINED HEREIN OR RESULT IN THE CANCELLATION OF THIS APPLICATION, IF SSAL" |
| ALL APPLICATIONS WILL BE KEPT O  | ON FILE FOR 6 MONTHS.  |
| PLEASE ATTACH RESUME TO APPLIC   | CATION FORM.   |
| ONLY QUALIFIED APPLICANTS WILL<br>BECOMES AVAILABLE .                        | L BE CONTACTED FOR AN INTERVIEW, WHEN A POSITION   |
|  |  |
| DATE   | APPLICANT'S SIGNATURE  |