

WORK EXPERIENCE

Please put a check mark beside the areas you have had experience in, and enter the most recent date for each.

WORK EXPERIENCE	√	YEAR	WORK EXPERIENCE	√	YEAR	WORK EXPERIENCE	√	YEAR
Hospital			Gyn			ICU/CCU		
Private Home			Labour & Delivery			Arterial Lines		
Nursing Home			Medical/Surgical			Defibrillation		
Palliative Care			Neuro			TPN		
Venipuncture			Nursery/OBS			Peritoneal Dialysis		
Pediatrics			Ortho			Glas. Coma Scale		
Psychiatry			Recovery Room			Emergency		
Geriatric								

Are you interested in caring for Palliative Care patients? _____

Years experience in Palliative Care? _____

Have you ever been bonded? If yes, on what jobs? _____

Do you have any physical condition(s) which may limit your ability to perform certain kinds of work? _____

If yes, describe condition(s) and specific work limitations _____

May we contact the employers listed below? If not, please indicate which one(s) you do not wish us to contact.

PLEASE LIST PREVIOUS EMPLOYERS

PRESENT/LAST EMPLOYER: NAME _____ TEL : () _____

ADDRESS: _____ POSITION HELD _____

SALARY: _____ FROM _____ TO _____
M Y M Y

REASON FOR LEAVING _____ SUPERVISOR: _____

PRESENT/LAST EMPLOYER : NAME _____ TEL : () _____

ADDRESS : _____ POSITION HELD _____

SALARY : _____ FROM _____ TO _____
M Y M Y

REASON FOR LEAVING _____ SUPERVISOR : _____

OTHER REFERENCES:

NAME _____ TEL: () _____

NAME _____ TEL: () _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES NO

DO YOU HAVE ANY OTHER FORM OF EMPLOYMENT? _____

HAVE YOU EVER WORKED FOR A TEMPORARY SERVICE BEFORE? YES NO

IF YES, NAME OF AGENCY : _____

LIST THE JOBS THEY SENT YOU TO WORK AT : _____

PAYROLL INFORMATION (please tick)	<input type="checkbox"/> BANK DEPOSIT (void cheque)	<input type="checkbox"/> PAY CHEQUE MAILED
FOR INTERVIEWER'S USE ONLY		
Date available for employment _____ How many days of the week do you prefer? _____		

PLEASE READ CAREFULLY AND SIGN:

TERMS AND CONDITIONS

1. _____ (hereinafter referred to as "YOU", "YOUR", "I", "ME" or "MY") are an employee of Everest Nursing and Community Care Agency Inc. (hereinafter referred to as "EVEREST") and will be sent to Home and Health Institutions to work (hereinafter referred to as "FACILITIES" or "FACILITY"). YOUR relationship with EVEREST is entered into as an elect to work arrangement and YOU have the right to decline work without penalty. YOU acknowledge that YOU will not receive termination pay.
2. YOUR working hours will be recorded on an EVEREST time sheet. YOUR time sheet must be signed by an authorized representative at the FACILITY where YOUR shift was completed. The time sheet is YOUR responsibility and must be completed and forwarded to EVEREST at the end of each week. If YOU cannot do so, YOU must contact EVEREST no later than the following Monday morning. This will prevent waiting an extra pay period for YOUR pay.
3. Pay periods are biweekly on Friday.
4. Should any FACILITY that YOU have worked with offers YOU a position, YOU can only accept that position after YOU have worked with EVEREST for a minimum period of three (3) months, unless otherwise agreed upon between YOU and EVEREST.
5. If YOU feel that any assignment at a FACILITY that YOU have been asked to perform is not safe, YOU should report this matter immediately to YOUR onsite supervisor and also immediately notify EVEREST in writing.
6. No alcohol or drugs will be tolerated before or while YOU are at a FACILITY.
7. In case of a personal injury at a FACILITY, YOU must fill out an incident report at the FACILITY and also notify EVEREST in writing within twenty-four (24) hours of the incident.
8. All notices to EVEREST must be sent to:

Everest Nursing & Community Care Agency Inc.
2341 Nikanna Road
Mississauga, ON L5C 2W8

I hereby certify that the facts and statements made by me on this application are true and correct to the best of my knowledge, information and belief. This information may be used to obtain a Fidelity Bond.

I certify that I have read and understood the Terms and Conditions of this agreement and realize that failure to comply may result in the termination of my employment with EVEREST.

I understand that, if employed, false statements on this application shall be considered sufficient cause for legal action.

Signature: _____ **Date :** _____