



DATE: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

*Our Priority is your  
Comfort and Satisfaction*

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ SIN # \_\_\_\_\_  
(last) (first)

Email address \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

What is your major intersection? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you own your own car?  YES  NO  
(Month/Day/Year)

What shifts can you work? Days \_\_\_\_\_ Afternoons \_\_\_\_\_ Nights \_\_\_\_\_ Short Shifts \_\_\_\_\_

Can you work weekends?  YES  NO Can you work 12 hour shifts?  YES  NO

Which license/certificate do you presently hold?  RN  RPN  PSW  HCA  OTHER: \_\_\_\_\_

Are you a new graduate?  YES  NO Registered staff: Do you have a current license?  YES  NO

Do you speak another language beside English? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about Everest? \_\_\_\_\_

Do you work for any other agencies?  YES  NO If so, what Nursing Homes have they sent you to?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  YES  NO

**Person to be notified in case of accidents or emergency:**

\_\_\_\_\_  
**Name Telephone Number Cell Number**

\_\_\_\_\_  
**Address**

A Division of Everest Nursing & Community Care Agency Inc.

## WORK EXPERIENCE

Please put a check mark (✓) beside each area you have experience in and beside it how many years of experience you have in that area.

Check	Area of expertise	Years		Check	Years
	I.M., S.C. injections				Stroke
	Changing dressings				Palliative Care
	Physiotherapy				Mental health (Alzheimer's)
	Occupational Therapy				Brain Injury
	Personal Care (help with bathing, dressing etc)				Speech Language Therapy
	Speech Therapy				Social Work
	IV therapy				Nutritional Counseling
	Wound care				Homecare
	Diabetic teaching				Ordering medical supplies/equipment
	Foot care				

Are you interested in caring for Palliative Care patients?  YES  NO    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?  YES  NO

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**

Last employer: \_\_\_\_\_ tel : (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Position held \_\_\_\_\_

Salary: \_\_\_\_\_ from \_\_\_\_\_ m y to \_\_\_\_\_ m y

Reason for leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_

Last employer: \_\_\_\_\_ tel : (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Position held \_\_\_\_\_

Salary: \_\_\_\_\_ from \_\_\_\_\_ m y to \_\_\_\_\_ m y

Reason for leaving \_\_\_\_\_ Supervisor: \_\_\_\_\_

**OTHER REFERENCES:**

Name \_\_\_\_\_ tel: (    ) \_\_\_\_\_

Name \_\_\_\_\_ tel: (    ) \_\_\_\_\_

Write a paragraph stating why you chose this profession:

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**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 six (6) 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 :** \_\_\_\_\_

