



Community Care Worker Employment Application

840 Coxwell Ave., Suite 303
Toronto, ON M4C 5T2
Bus.: (416) 422-2026
Fax.: (416) 422-1513

Date:

Personal Information

Mr. Mrs. Miss. Ms.

Last Name: First Name:
Address: Apt: Telephone:
City: Postal Code: Email:

Are you legally eligible to work in Canada? Yes No

Are you between the ages of 18 and 65 years? Yes No

Availability

Home Support

Availability to Work:

- Days
- Evenings
- Overnights
- Weekends

Supportive Housing (Shift Work)

Availability to Work:

- Days - 7:00am to 3:00pm
- Evenings - 3:00pm to 11:00pm
- Overnights - 11:00pm to 7:00am
- Weekends

Education

- High School (Grade Completed)
- Overnights (Level 11, 111, Health Care Aide, PSW, etc)

Language

Spoken:

Some knowledge of:

Experience

Please indicate if you have had experience in the past year with any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Adults with disabilities | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Record keeping |
| <input type="checkbox"/> Personal Care (Bathing) | <input type="checkbox"/> Caring for individuals with AIDS/Infectious diseases |
| <input type="checkbox"/> Ambulation/Mobility | <input type="checkbox"/> Cluster Care |
| <input type="checkbox"/> Seniors with Cognitive Impairment | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Delegated Acts |

Employment History

Most recent employer

Company: Address:

Position: From: To:

Describe duties of job:

Reason for leaving:

Previous employer

Company: Address:

Position: From: To:

Describe duties of job:

Reason for leaving:

Please tell us why you feel you would be a good Community Care Worker:

Give us an example of how you would have been flexible in your job in the past year:

References

Please provide at least one reference from a previous employer

Reference 1

Name: Phone number:

Reference 2

Name: Phone number:

Reference 3

Name: Phone number:

Confidentiality Waiver

I hereby declare that what I have written here is true and complete to my knowledge. I understand that any deliberate misrepresentation by me on this application will be sufficient cause for dismissal should I be employed. I give Community Care East York permission to contact my references.

By submitting this form, I am agreeing with the terms and condition. If this application is submitted electronically, you will be requested to sign and date this form at the interview.

Signature

Date