



APPLICATION FOR EMPLOYMENT

Section I

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
 # Street City Province Postal Code

Telephone: Home: _____ Cell: _____

E-mail Address: _____

Section II

Job(s) applied for: _____

Do you want to work: Full Time Part-Time Casual

On: Days Evenings Nights Weekends

I consent for my phone number to be shared with appropriate staff to facilitate shift exchanges. Yes No

I consent for my e-mail to be used by Donwood for scheduling purposes. Yes No

I consent to be contacted by text by Donwood for scheduling purposes. Yes No

How did you learn about this job? _____

Section III

Are you legally entitled to work in Canada? Yes No

What languages do you speak? _____

What languages do you read and write? _____

Are there any health reasons why you could not perform the duties of the job, or for which you would require accommodation? No Yes

If yes, please explain: _____

SCHOOLS ATTENDED	COURSE	DIPLOMA/DEGREE

RNs, RPNs, and LPNs: Are you currently registered? Yes No

**Donwood Manor
Personal Care Home Inc.**
171 Donwood Drive
Winnipeg, MB
R2G 0V9
Ph: (204) 668-4410
Fax: (204) 663-5429

**Donwood Manor
Elderly Persons Housing Inc.**
165 Donwood Drive
R2G 2H9
Ph: (204) 668-4410
Fax: (204) 663-5429

Donwood South Inc.
1245 Henderson Hwy.
R2G 1M1
Ph: (204) 338-8688
Fax: (204) 339-3554

Donwood West Inc.
1460 Portage Ave.
R3G 3M9
Ph: (204) 783-8045
Fax: (204) 789-9726

**Winnipeg Condominium
Corporation No. 297**
171 Donwood Drive
R2G 0V9

**Donwood Manor
Foundation Inc.**
171 Donwood Drive
R2G 0V9

Valhalla Cove Inc.
15 Valhalla Drive
R2G 4G8
Ph: (204) 668-4410
Fax: (204) 663-5429

Donwood Management Inc.
171 Donwood Drive
R2G 0V9
Ph: (204) 668-4410
Fax: (204) 663-5429

APPLICANTS MAY PREFER TO ATTACH RESUME TO AVOID DUPLICATION OF INFORMATION.

WORK HISTORY: (List in order, last or present employer first)

Employer _____ Position _____

Address _____ Phone # _____

From _____ to _____ Supervisor _____

Salary _____ Reason for Leaving _____

Employer _____ Position _____

Address _____ Phone # _____

From _____ to _____ Supervisor _____

Salary _____ Reason for Leaving _____

REFERENCES: listed below see attached

Name _____ Occupation _____

E-mail: _____ Phone # _____ Fax # _____

Name _____ Occupation _____

E-mail: _____ Phone # _____ Fax # _____

Name _____ Occupation _____

E-mail _____ Phone # _____ Fax # _____

READ CAREFULLY BEFORE SIGNING:

I give my permission to conduct reference checks in connection with my application for employment.

I understand that a two-step Mantoux Test or documentation of TB Infection status is mandatory and must be submitted within four (4) weeks of date of hire. Follow-up will be required if my TB infection status is positive. This test/documentation is a condition of hire and is at my expense.

I will provide Donwood Manor with a current Personal Request for Criminal Record Search and with a current Adult Abuse Registry Check at my expense within three weeks from date of hire. I will provide proof of applying for these forms within five (5) days from date of hire. Failure to provide such document may delay my start date.

I understand that all information concerning residents, physicians, volunteers and other employees is to be held in the strictest confidence and that breach of Donwood Manor's confidentiality policy may be grounds for dismissal.

I understand that any information found on this form to be knowingly false or omitted may result in not being considered for employment and/or may be cause for termination.

Date: _____ Signature: _____ Printed Name: _____