



ANSON CareGivers Inc.

Application for Employment

(Anson Form-038)

Name _____ Date _____

Address _____

Postal Code _____

Telephone () _____ Social Insurance No. _____

Citizen _____ Landed Immigrant _____ Other: _____

Position Applying for: 1st Choice _____ 2nd _____ 3rd _____

Preference: _____ Day Shift _____ Evening Shift _____ Night Shift _____ Any Shift _____

Education:

	<u>Name of School</u>	<u>Course of Study</u>	<u>Completed</u>
High School	_____	_____	Yes ___ No, Yr _____
Coll./University	_____	_____	Yes ___ No, Yr _____
Trade/Technical	_____	_____	Yes ___ No, Yr _____
Specialized Training	_____	_____	Yes ___ No, Yr _____
Other	_____	_____	Yes ___ No, Yr _____

Nova Scotia License/Certification/Registration _____ Lic./Cert./Reg. No. _____ Yr _____

License/Cert./Reg. other than from Nova Scotia _____ Lic./Cert./Reg. No. _____ Yr _____

Completion date of the last CPR Course _____

Employment History:

Present or Previous Employer _____

Address _____ Telephone _____

Employed from _____ to _____ Position _____

Leaving Salary _____ Reason for Leaving _____

Past Employer _____

Address _____

Employed from _____ to _____ Position _____

Leaving Salary _____ Reason for Leaving _____

May we contact your present employer? Yes No

References:

Name _____ Telephone No. _____

Address _____

Occupation _____ Relationship _____

Name _____ Telephone No. _____

Address _____

Occupation _____ Relationship _____

Name _____ Telephone No. _____

Address _____

Occupation _____ Relationship _____

Are there any other skills, experiences or qualifications that you feel especially suit for work with us? (Do not list any denoting age, ancestry, colour, background, creed, marital status, nationality, physical or mental disability, political opinion, race, religion or sex.)

Is there any reason why you would not be able to accept employment from this organization?

Certification: My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally falsifying information could result in refusal of employment or discharge. I also authorize the employers, schools, or persons named above to provide information regarding my employment, character and qualifications.

Signature _____ Date _____

Please send your application form to: **ANSON CareGivers Inc.**, P.O. Box 1188, Dartmouth, Nova Scotia, Canada, B2Y 4B8.

Tel.: (902) 435-2525 Fax: (902) 434-9505 E-Mail: anson.ci@ns.sympatico.ca Website: www.ansoncaregivers.com