



# Application for Employment

ScotiaCare Homecare & Caregivers Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, colour, age, gender, religion, disability, medical condition, national origin, or marital status. Please complete this application form in full.

Full Name (First/Middle/Last)			Name known by
Street Address			
Mailing Address (if different from above)			
City	Province	Postal Code	SIN
Phone (home)	Phone (cell)	Email	

## Emergency Contact

Name	Phone (home/work/cell)
Address	Relationship

Position you are applying for

Have you ever been convicted of a criminal offence? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please provide details
Are you a smoker? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you comfortable working with clients who smoke? <input type="checkbox"/> yes <input type="checkbox"/> no

## Transportation:

(Note: most assignments require the caregiver to transport the client)

non-driver

Years of driving experience	Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Year, make and model of vehicle
License plate #	Driver license #	Do you have exclusive use of your vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no/it is shared
Insurance company	Insurance agent name	Auto insurance policy #
If required, are you willing to drive the client in his or her own vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no		
If required, are you willing to drive the client in your own vehicle? (ScotiaCare provides employees with Non-Owned Auto Liability insurance) <input type="checkbox"/> yes <input type="checkbox"/> no		

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<b>Availability</b>			
Number of hours you would like to work per week	Times/days you <b>ARE</b> available to work	Times/days <b>NOT</b> available to work	Can you be called at short notice? <input type="checkbox"/> yes <input type="checkbox"/> no
Additional comments/Other commitments that may affect scheduling			
Are you willing to accept assignments in:- <input type="checkbox"/> downtown Halifax <input type="checkbox"/> Halifax suburbs <input type="checkbox"/> downtown Dartmouth <input type="checkbox"/> Dartmouth suburbs			

<b>Education</b>		
High school	City/Province	Dates
College/Post-Secondary/University	City/ Province	Dates
Degrees/certificates & dates		
Special skills or courses & dates		
Have you been trained in footcare? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you been trained in transfer assistance or lifting the elderly? <input type="checkbox"/> yes <input type="checkbox"/> no	

<b>Personal Care Experience</b>	
Discuss any training or experience working with the elderly/disabled/infirm.	
What do you like most about working with the elderly/disabled/infirm?	
What do you like least about working with the elderly/disabled/infirm?	What won't you do?

<b>Skills:</b> Indicate whether you have assisted with or performed the following tasks <u>for seniors/disabled/infirm</u> .								
Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no			
Bathing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no			
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no			
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no			
Transfer assist/lifting	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no			

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**Employment History:** Please go back at least five years and tell us about your work history.  
Use new page if additional space is required. Start with your most recent or current employer.

May we contact your current employer?

yes  no

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Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

2

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

3

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

4

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

**Voluntary Experience** ScotiaCare believes in giving back to the community & supports staff who choose to do so.

Details

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<b>Business References</b> (provide at least three: e.g. co-workers, supervisors, customers, clients)			
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)

<b>Personal References</b> (provide at least three: no more than one family member please)			
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)
Name	Location or City	Relationship/Years Known	Phone (state work or home#)

<b>How did you learn about this particular position? Who referred you to ScotiaCare?</b>

**CERTIFICATION AND RELEASE:** I certify that I have read and understood the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to: criminal history, credit history and motor vehicle driving records.

I authorize all persons, schools, agencies, bureaus, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited during employment. If requested, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

<input type="checkbox"/> yes, I agree.	Signature	Date
	Print name	

<b>For Office Use Only – Interviewer Comments</b>

Return completed form to: **ScotiaCare Homecare & Caregivers Inc., 644 Portland Street Unit 3, Suite 601, Dartmouth NS B2W 6A3**  
 Fax: (902) 827-3278 Email: [homecare@scotiacare.com](mailto:homecare@scotiacare.com) Tel: (902) 827-5599 or 454-3777

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