



VHA Health & Home Support EMPLOYMENT APPLICATION

POSITION APPLYING FOR: Home Support Worker/Personal Support Worker ___ Attendant Care ___

Family Name _____ Given Name _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Prov. _____ Post Code _____

Email _____

AVAILABILITY:

Do you have a car? Yes___ No___ If no, do you have access to transportation? Yes___ No___	Are you currently working for another health care agency? Yes___ No___ If yes, please specify _____
Are you available to work non-traditional hours including evenings, nights, rotating weekends? Yes___ No___	Are you currently a student? Yes___ No___ Where? _____
Date available to begin work: _____	Are between the ages of 18 & 65? Yes___ No___
Are you legally entitled to work in Canada? Yes___ No___	Have you ever been employed by or worked as a volunteer with VHA? Yes___ No___
Have you been convicted of a criminal offence, for which you have not been pardoned? Yes___ No___	If yes, when (dates)? _____ Position held: _____

EDUCATION:

SECONDARY SCHOOL Institution Name: _____ Location: _____ Year of Graduation: _____ Highest grade completed: _____	POST-SECONDARY EDUCATION Institution Name: _____ Program: _____ Length of Program: _____ Program Completed: Y N
POST-SECONDARY EDUCATION Institution Name: _____ Program: _____ Length of Program: _____ Program Completed: Y N	POST-SECONDARY EDUCATION Institution Name: _____ Program: _____ Length of Program: _____ Program Completed: Y N

Languages in which you have working ability: _____

Describe any of your work-related skills, experience, or training that relates to the position being applied for:

EXPERIENCE:

Name & Address of Previous Employer	Present/Last Job Title _____ Period of Employment _____ Present/Last Salary _____ Name of Supervisor _____ Telephone _____ Reason for Leaving _____
Type of Business _____	
Duties & Responsibilities	
Name & Address of Previous Employer	Present/Last Job Title _____ Period of Employment _____ Present/Last Salary _____ Name of Supervisor _____ Telephone _____ Reason for Leaving _____
Type of Business: _____	
Duties & Responsibilities	

VOLUNTEER/PERSONAL HISTORY:

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WORK REFERENCES:

Name _____ Position _____

Email _____ Phone _____

Name _____ Position _____

Email _____ Phone _____

PERSONAL REFERENCE (other than a relative)

Name _____ Relation _____

Email _____ Phone _____

DECLARATION: I certify that the information on this application is correct. I fully understand that any false statements made by me on this application, or any supplement thereof, may be sufficient cause for rejection of my application or dismissal after employment. I provide VHA Ottawa with permission to verify this information via phone, email, and/or fax with the provided references. All data on this form will be verified.

SIGNATURE OF APPLICANT: _____ **DATE:** _____