

CONFIDENTIAL



For CHW Employment

Please attach a Cover Letter and Resume

Application Form

If you would like to pursue an exciting career in home health care with us, please complete the following application form.

Name:	
Address:	
Phone:	
Cell Phone:	
Email:	

Community Health Worker Training Program

I am applying for the course commencing:

Home Support Application Form

		Comments
Do you have a current driving license	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own a <i>reliable</i> vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have access to the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a cell phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you recently (last 6 months) undergone a criminal record check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been indicted for a criminal offence and/or do you have any outstanding charges? <i>(please note that not all criminal records are relevant)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to work in the evenings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to end work in the late evening? <i>(ie 11:00pm)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to begin work in the early morning? <i>(ie 7:00 am)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have current First Aid Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Food Safe Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a TB screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally able to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is/are your spoken language/s?	Specify in Comments	
Were you previously employed by Beacon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any friends/relatives of yours work for us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	