

Senior Helping Hands

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Sworn Statement of Criminal Convictions

I have been found guilty (convicted) or have pending charges in regard to the following crimes within or without the commonwealth of Canada (List charge and date. If none, write (NONE)).

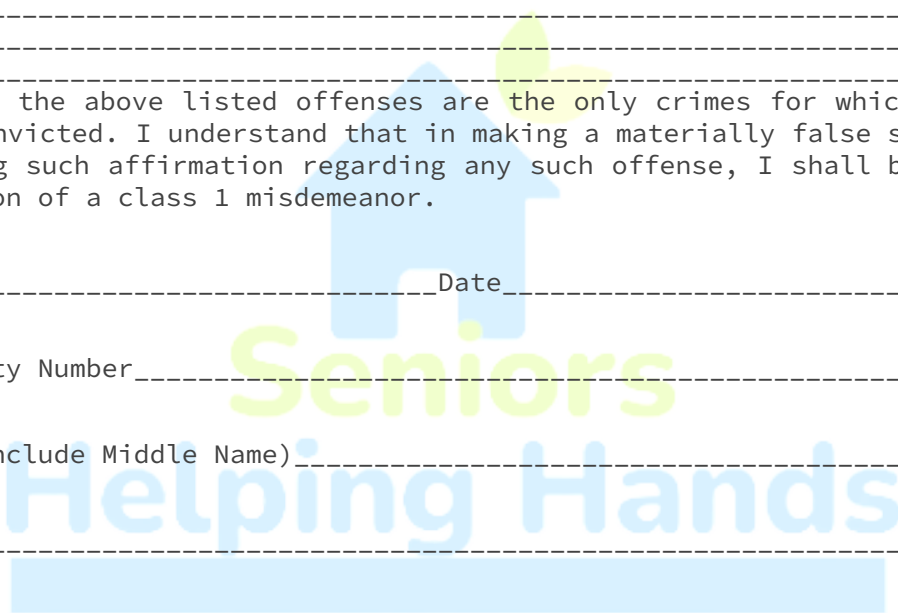
I affirm that the above listed offenses are the only crimes for which I have charged or convicted. I understand that in making a materially false statement when providing such affirmation regarding any such offense, I shall be guilty upon conviction of a class 1 misdemeanor.

Signature _____ Date _____

Social Security Number _____

Print Name (Include Middle Name) _____

Date of Birth _____



(An Equal Opportunity Employer)

Senior Helping Hands

Date_____

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status.

- 1) Name:..... Date of Birth_____
- 2) Address:_____City:_____State____Zip:_____
- 3) Home Phone_____ Work Phone_____ SSN_____
- 4) Position for which you are applying for_____
- 5) Lowest Acceptable Wage:..... Per_____
- 6) Date you can start:_____
- 7) Are you available to work ____FT ____PT ____Temp ____Days
____Evenings _____Weekend _____All
- 8) Referred by:_____ Newspaper Ad _____ Recruited_____
____Walk-In Other, please list:_____
- 9) Are you either Canadian Citizen or legally eligible to work in
Canada _____Yes _____No
- 10) Are you at least 18 years old? Yes_____ or No_____ If No,
birth date:_____
- 11) Are you related to anyone employed by our company?____Yes
____NO
- 12) If yes, name of the person, relationship and location
employed:_____
- 13) Have you ever worked for our company ____Yes ____No
- 14) If yes, give dates_____
- Location:_____Supervisor's Name_____
- 15)

LIST HOURS AND DAYS AVAILABLE TO WORK

	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (Time)							
To (Time)							

10) Education

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Type of School	Name and Address of School	Diploma/Degree	Major Course of Study
High School	Name: _____ Str_____ City _____ State_____ ZIP _____	_____Yes _____No	
College	Name: _____ Str_____ City _____ State_____ ZIP _____	_____Yes _____No	
Technical, trade, grad school or other	Name: _____ Str_____ City _____ State_____ ZIP _____	_____Yes _____No	

11) List any additional or special education, training, skills or machines operated: _____

12) Do you have any disabilities that may limit your ability to perform the work for which you are applying ___Yes ___No if yes, please explain _____
What can be done to accommodate your limitation?

13) Have you ever been convicted (found guilty of attempting or committing any crime other than a minor traffic violation) ___yes ___No. If yes, when? _____ For What? _____

Note: A conviction record will not necessarily bar individuals from employment

You are not required to reveal records which have been judicially expunged, sealed or eradicated

14) List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service etc. Information provided subject to verification

May we contact your present employer? _____Yes ___No

(We will have to contact your present employer before offer to hire will be made)

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A resume may not be submitted as a substitute to filling out this section

Company name:..... Position/title:.....

Address:_____

City:_____ State_____ ZIP_____

Dates Employed From (Months/Year)_____ To (Month/Year)_____

Supervisor's Name:_____ Title:_____

Phone Number:_____

Starting Rate of Pay: \$_____ per_____

Last rate of Pay:\$_____ per_____

Responsibilities:_____

Reason for Leaving:_____

If time elapsed between positions, please explain_____

Company Name:_____ Position/Title_____

Address:_____

City:_____ State_____ Zip_____

Dates Employed From (Month/Year):_____ To:_____

Supervisor's Name _____ Title:_____

Phone Number:_____

Starting Rate of Pay \$_____ per_____

Last rate of Pay \$_____ per_____

Responsibilities:_____

Reason for Leaving:_____

If time elapsed between positions, please explain:_____

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Immigrant Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in Canada. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement:_____

Applicant's Signature

Date:_____

Read Carefully Before Signing

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal.

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I agree to conform to the rules and regulations of Senior Helping Hands and if employed, I understand and agree that my employment is at-will and that no employment contracts rights have been created. I also understand the option of either Senior Helping Hands or myself.

I understand that no supervisor, manager or other representative of Senior Helping Hands has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement to the above must in writing and expressly state that it is a contract and be signed by the authorized representative of Senior Helping Hands.

I agree to a physical examination, if requested and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with Senior Helping Hands. I also understand that, for certain positions, employment is conditional upon successful completion of a substance abuse screening test as part of Senior Helping Hands at pre-employment policy.

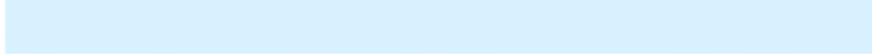
Acknowledgement: _____

Date: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS

APPLICANTS WHO WISH TO BE CONSIDERED AFTER THAT TIME MUST REAPPLY

**Seniors
Helping Hands**



(An Equal Opportunity Employer)

We are an Equal Opportunity employer and therefore comply with the law prohibiting discrimination on such factors as race, color, religion, sex, national origin, marital or veteran status or disability.

Under Canada's handicapped Civil Right Acts, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the handicapper knew or reasonably should have known or reasonably should have known that an accommodation was needed.

DRUG TESTING

Senior Helping Hands may conduct drug testing of job applicants. Should you be considered for employment by this company, you may be contacted regarding the time and location of the pre-employment drug test. Refusal to take the drug test or failing the drug test can disqualify you from further consideration for a position.

AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that Senior Helping Hands may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews and I authorize your company to do the same. This inquiry may include information as to my character, general reputation and personal characteristics and I consent to the conduct of this inquiry and to the consideration of any statement of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me and I release them from liability for damages in providing this information. I understand and acknowledge that your company can terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or any other document or form at any time during my employment. I give authorization to have my personal credit history, criminal history and driving record investigated by a third party.

If terminated, I authorized your company to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information in its possession concerning me for reference purposes and if legally required to furnish any information, including disclosure of information to any third party, future employer or prospective employer, without receiving any prior notice, and I

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release your company from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of your company, and the directions of its Supervisors. I understand and acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of the company and can be terminated, with or without cause and with or without notice, at anytime at the option of employee of the company, other than the president, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the president of the company in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is required, are known. I also understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to me medical/physical examinations at the employer's discretion and expense.

For a period of one year upon termination with Senior Helping Hands at Home you may not work any past or present clients of Senior Helping Hands at Home

Employee Acknowledgement: _____ Date _____

