



# THE BETHANIA GROUP

"Bethania is a Mennonite Organization that demonstrates Christian love by compassionately offering a continuum of wellness, housing and personal care services for older adults."

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Please indicate with a checkmark (✓) which location(s) you are applying to work at:

Bethania Mennonite Personal Care Home  Pembina Place Mennonite Personal Care Home   
285 Pembina Inc.  DC Café  ArlingtonHaus  Autumn House  BethaniaHaus  KingsfordHaus

Type of work applied for: \_\_\_\_\_ Full time  Part time  Casual

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ email address \_\_\_\_\_  
Postal Code \_\_\_\_\_

Shift(s) applying for (please circle all that you are applying for): Day  Evening  Night

Are you available for weekends? Yes  No

Are you legally entitled to work in Canada (To be legally entitled to work in Canada, you must be one of the following: Canadian citizen, Permanent resident, Refugee in Canada to whom status has been granted)?

Yes  No

Have you ever been employed with any locations within the Bethania Group (Bethania Mennonite Personal Care Home, Pembina Place Mennonite Personal Care Home, 285 Pembina Inc, DC Café, ArlingtonHaus, Autumn House, BethaniaHaus, KingsfordHaus) before?

Yes  No  If yes, give dates and location \_\_\_\_\_

Name(s) at that time if different from above \_\_\_\_\_

How did you hear about The Bethania Group?

Advertisement  Employee  Friend  Agency  Other (specify) \_\_\_\_\_

### REQUIRED DOCUMENTATION:

All offers of employment with The Bethania Group are subject to a Current Criminal Record check.

### Miscellaneous Information

List any known disabilities which could affect your ability to work in the position for which you are applying:

\_\_\_\_\_

### Education History

	Name & Location	Level, Grade, Degree/Diploma obtained
High School		
University/College		
School of Nursing		

List courses/seminars/workshops etc. attended in past year

\_\_\_\_\_

\_\_\_\_\_

**For R.N.'s, R.P.N.'s, and L.P.N.'s only**

Professional Licensure or Registration #: \_\_\_\_\_ Province: \_\_\_\_\_

Full Name(s) License is listed under: \_\_\_\_\_

**Work History**

Please list your last three jobs, starting with your present or most recent one.

Work Experience	Dates	Department & Type of Work	Reason for Leaving
Employer Address	From: To:		
Employer Address	From: To:		
Employer Address	From: To:		

**References**

Please provide three names of your past/present supervisors/managers who can provide work-related information about you.

Name	E- Mail Address	Telephone#	Occupation	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Read carefully before signing**

**I understand that any false information, or information omitted may be just cause for termination. I hereby give my consent to contact the references or employers named above for information about me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications will be kept on file for a period of three (3) months.**

**For Office Use Only**

Hired \_\_\_\_\_ Not Hired \_\_\_\_\_  
Keep on file for future positions? \_\_\_\_\_  
References contacted? Yes \_\_\_\_\_ No \_\_\_\_\_  
Notes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_  
Position \_\_\_\_\_  
Position Number \_\_\_\_\_  
Starting Salary: Month \_\_\_\_\_ Hour \_\_\_\_\_  
Status Form Completed: \_\_\_\_\_  
Date: \_\_\_\_\_  
Employee has been given:  
a. Job description                      yes      no  
\_\_\_\_\_