



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