

Ch Health and Homecare Services 119B-388 Donald Street Winnipeg, Manitoba R3B 2J4 Ph. 947-3823, fax. 947-5267

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE FULLY AND ACCURATELY.

The employment Screening Process includes Child Abuse Registry, Criminal Record and prior contact checks.

POSITION TITLE APPLIED FOR:									
Shift willing to work: Type of employment desired: How did you hear about us:									
Evening	Weekend Days Weekends Evenings Weekends Nights Permanent Temporary Part Time Casual			Posting Newspaper Word of mouth Job Vacancy					
PERSON	IAL DATA:								
Name:	Last Name			Given Name					
Address: _	(Apt) Number and Str	eet Cit	y	Province	Postal Code				
Phone Nur	mbers: Home		Cell		Other				
Birth date:	Month/day/year		S.I.N:						
Date hired	(office use only):								
ARE YOU	LEGALLY ALLOWED TO	YES	NO						
DO YOU	HAVE A VALID DRIVERS I	YES	NO						
BILINGU	AL: (Fluent in French and Eng	YES	NO						
OPTIONAL: DECLARATION OF ABORIGINAL STATUS. YES					NO				

To determine your employment qualification, please provide information related to academic and other achievements of your employment History. A separate sheet may be used if necessary.

EDUCATION

Institution attended	Name of institution	Grade, Degree, Diploma Or certificate completed	Area of Study				
High School		Of certificate completed					
Post secondary							
Post Graduate							
Other							
Current license/ Registration for Professional Practice: License #: Year:							
List other special training completed (e.g. Apprenticeships, Seminars, Workshops, First Aid, CPR, etc.) That is relevant to position applied for.							
EMPLOYMENT HISTORY Please list in order beginning with present (or last) position first.							
Current/Last Employer	:	Period of Employment From: To:					
Position (title)		Reason for leaving					
Main duties							
Supervisor's Name and	d Title	Supervisor's Phone number					
		1					
Previous Employer		Period of Employment From: To:					
Position (title)		Reason for leaving					
Main duties							
Supervisor's Name and	d Title	Supervisor's Phone number					

Previous Employer	Period of Employment From: To):	
Position (title)	Reason for leaving		
Main duties			
Supervisor's Name and Title	Supervisor's Phone number		
For employment references may we approach:	Your present employer? Your former employers?	Yes Yes	No No
Have you attached additional information?		Yes	No
I hereby declare that the foregoing inform am willing to submit to a Health Examina the work for which I am employed. I und disqualify me from employment or be cau employment.	tion to ensure my physical a lerstand that a false statemen	bility to po t is suffici	erforr ent to
Signature	Date	-	

PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY

I the undersigned have read and understood the CH Health and Home Care services policy on confidentiality of Personal health information as described in the Confidentiality Policy which is in accordance with *The Personal Health Information Act* (Manitoba).

I also acknowledge that I am aware and of and understand the Corporate Polices of CH Health and Home Care Services regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment or association with the CH Health and Home Care Services and as an integral part of the terms and conditions of my employment or association, I herby agree, pledge and undertake that I will not at any time, during my employment or association with CH, or after my employment or association ends, access or use personal health information, except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Corporate and departmental policies governing proper release of information.

I understand that my obligation outlined above will continue after my employment/ contract/ association/ appointment with CH ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/ contract/ association/ appointment with the CH or within any of the healthcare facilities within the CH.

I also understand that unauthorized use or disclosure of such information may result in disciplinary action up to and including termination of employment/ contract/ association/ appointment, the imposition of fines pursuant to *The Personal Health information act*, and a report to my professional regulatory body.

Date signed	SIGNITURE OF INDIVIDUAL MAKING PLEDGE
	I have been informed of the contents of the CH Personal Health Information Confidentiality Policy And the consequences of a breach
ID# of individual Making Pledge (if applicable) and Department/ Faculty/ Site	Name of Individual Making Pledge (Please Print)
Date Signed	SIGNITURE OF INDIVIDUAL ADMINISTERING Pledge I have discussed the Personal Health Information Confidential Policy and the Consequences of a breach with the above named.

Staff Requirements

- 1. Report to the Facility in appropriate/comfortable attire. Most facilities require pastel colours.
- 2. Must report at LEAST 15 minutes prior to commencement of shift
- 3. Present your professional License where applicable.
- 4. Proper hand over at the completion of shift as stipulated by Facility.
- 5. If you have to call in sick, **MUST BE THREE HOURS PRIOR** to commencement of shift.(Penalty may apply)
- 6. Timesheets must be dropped off at the office the next business day after you worked.
- 7. Payday is biweekly, Thursdays. You may pick up your pay at office or it can be mailed to your home.
- 8. Check references.