



COMPASSION HOME HEALTH SERVICES

255 LeMarchant Rd., St. John's NL A1E 1P8

Tel : 709-738-5454

Fax : 709-738-5456

APPLICATION FOR EMPLOYMENT

DATE : _____

Name : _____
First Surname Middle Initial

Address : _____
No. Street City

Province Postal Code Telephone Number

Position Applying for :

- _____ **Home Support Worker.** Have you completed a training course?
 Yes No If yes, please enclose copy of certificate.
- _____ **Licensed Practical Nurse.** Registration No.
- _____ **Registered Nurse.** Registration No.

Have you ever been convicted of a criminal offence? Yes No
(Enclose a copy of Cert. Of Conduct)

Reliable transportation is required, is this a problem? Yes No

EDUCATION				
	Name & Location Of School	Dates Attended	Highest Level Achieved	Diploma/ Certificate Received
High School				
Post-Secondary				
Other				

EMPLOYMENT HISTORY (Begin with most recent)				
Employer	Dates of Employment	Duties Involved	Supervisor Name & Tel. #	Reason for Leaving

Tell us about yourself and why you are interested in Home care?

JOB PERFORMANCE / CHARACTER REFERENCES			
NAME	EMPLOYER	TELEPHONE #	COMMENTS

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date