



LOCH LOMOND VILLA EMPLOYMENT APPLICATION

Loch Lomond Villa collects this information for the purpose of processing and considering your application for employment. We will use this information only for these purposes and will not disclose your personal information unless authorized by you or as permitted by law.

All applications are destroyed six months after the date received.

Date Submitted:

Last Name:	First Name:	Middle Initial
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Address:

City:	Prov:	Postal Code:
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Telephone:	Cell:	
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Email:

Have you reached legal working age? Yes No
 Are you legally entitled to work in Canada? Yes No
 Have you ever been convicted of a criminal offence? Yes No
 Do you speak any languages other than English? Yes No
 If yes, please identify which languages you speak: _____ Nationality: _____

AVAILABILITY

Position(s) Desired: Nursing Care (RN, LPN, PSW, CA) Environmental Services (Hskp/Laundry) Maintenance
 Activity Coordinator Nutrition Services Administration/Clerical
 Country Store Hair Care Home Support Worker

Available for: Full Time Part-Time Casual Summer

Date Available:

Have you previously been employed by Loch Lomond Villa? Yes No **Dept:** **Dates:**

Do you have any friends or relatives employed by Loch Lomond Villa? If Yes, please list

NAME	RELATIONSHIP	DEPT	NUMBER OF YEARS KNOWN

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How did you find out about this job?

<input type="checkbox"/> Staff Referral	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio Advertisement	<input type="checkbox"/> Social Media/Internet
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> University/School	<input type="checkbox"/> Job Bank	<input type="checkbox"/> Other

Computer Skills

	Beginner	Proficient	Expert
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION	EMPLOYMENT AT LOCH LOMOND VILLA, INC. REQUIRES A MINIMUM OF THE COMPLETION OF GRADE 12. CONFIRMATION OF COMPLETION MAY BE REQUESTED.			
	Name of Institution	Field of Study	Degree/Diploma Received	Year Obtained
High School				
Post-Secondary Education				
Post Graduate				
Special Courses				

License/Registrations held: _____

EMPLOYMENT HISTORY
List previous employment beginning with present or last employer.

Current Employer Name:		Phone:	
Address:		Reason for Leaving:	
Position(s) held:	From (M/Y)	To (M/Y)	
Duties, responsibilities:			
Supervisor:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name:		Phone:	
Address:		Reason for Leaving:	
Position(s) held:	From (M/Y)	To (M/Y)	
Duties, responsibilities:			
Supervisor:		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULES & HOURS OF WORK

As our Home operates 24 hours per day, seven days per week, it is essential that we provide staffing coverage to meet this need. Our philosophy of care dictates that our staffing schedules provide as much consistency for our residents as possible.

Do you realize it may be necessary for you to work weekends, holidays, or rotation shifts? Yes No

Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness and dependability are required of all Loch Lomond Villa employees? Yes No

Do you have a shift preference? We have many shifts available.
 Days (7:00 am – 3:00 pm) Evenings (3:00 pm – 11:00 pm) Nights (11:00 pm – 7:00 am)

Do you have a rotation preference? (i.e. can only work Tuesdays and Fridays or can only work weekends)? _____

REFERENCES

NAME & OCCUPATION	ADDRESS	TELEPHONE	YEARS KNOWN

PLEASE READ EACH STATEMENT AND INITIAL IN THE BOX PROVIDED BEFORE SIGNING

- This application is valid for six months only from date of receipt.
- I hereby certify that the facts set forth in this application for employment are true and complete. I understand that falsification and omission of facts shall be sufficient cause for dismissal should I be employed.
- I authorize Loch Lomond Villa to investigate the statements made above and to contact my former employers and references submitted unless otherwise stated with reasons.
- I understand that all employees are covered by Loch Lomond Villa’s insurance and bonding policies and it is my responsibility to continue to be bondable.
- I understand that it is a condition of employment that I adhere to the Mission, Vision, Values, Policies, Procedures and Code of Conduct of Loch Lomond Villa regarding all matters of the said organization.
- I understand that Loch Lomond Villa promotes a healthy living and work environment which includes a **smoke free** and **scents reduced environment** within the facility as well as on all Loch Lomond Villa property (including vehicles parked on Loch Lomond Villa property).
- I realize that should I be hired, I **may be required to work with and care for animals such as birds, fish, cats and dogs** as well as plants.
- I realize that should I be hired, during the course of my duties at Loch Lomond Villa, any information regarding residents or staff which I may see, read or hear, is confidential and I recognize my responsibility to maintain confidentiality.
- I understand that it may be necessary to work weekends, holidays, or rotation/split shifts.
- I understand that due to the nature of the services provided by Loch Lomond Villa, an exceptional record of attendance, promptness and dependability are required.
- I understand that any offer of employment is conditional upon me providing a satisfactory:
 - Criminal Record /Vulnerable Persons Check and Social Development Check;
 - Pre-Employment Medical;
 - Proof of having received the primary series of 2 doses of the COVID-19 vaccine.
 - Current CPR or Basic Life Support (BLS) certification (applicable for RN’s, LPN’s, RA’s, CA’s, Recreation and Dietary Attendants
- I understand that any fees associated with the above required tests are my sole responsibility.
- I agree to give Loch Lomond Villa the required period of notice should I wish to terminate my employment.

Date:

Signature: