



HEMOCARE WEST JOB APPLICATION FORM

PLEASE FAX TO: 604 924 5433

HOME CARE ASSISTANT COMPANION LIVE IN REGISTERED NURSE OTHER _____

NAME:

NAME: (FIRST) _____ (LAST) _____

PRESENT ADDRESS:

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

TELEPHONE NUMBERS, EMAIL & FAXES:

HOME NUMBER: _____ WORK NUMBER: _____

CELLULAR PHONE: _____ PAGER NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

EDUCATIONAL INFORMATION:

CERTIFICATE: _____

DEGREE: _____

DIPLOMA: _____

CONTINUED PROFESSIONAL EDUCATION: _____

OTHER: (SPECIFY) _____

NAME OF INSTITUTION/FACILITY FROM WHICH GRADUATED: _____

YEAR COMPLETED: _____ TITLE OF PROGRAM: _____

PERSONAL INFORMATION:

DO YOU HAVE PRIVATE CARE EXPERIENCE? YES NO IF YES, NUMBER OF YEARS: _____

DO YOU DRIVE A CAR? YES NO IF YES, NUMBER OF YEARS: _____

LANGUAGES YOU SPEAK OR UNDERSTAND:

ENGLISH TAGALOG MANDARIN GERMAN ITALIAN

RUSSIAN SPANISH CANTONESE FRENCH OTHER

DO YOU HAVE CURRENT: CPR FIRST AIDE: (IDENTIFY LEVEL) _____

PREFERRED AREA OF WORK: _____

HOW DID YOU HEAR ABOUT HEMOCARE WEST? _____

HOME CARE WEST INC. P.O. BOX 91097, WEST VANCOUVER, BC, CANADA V7V 3N3

TEL: 604 924 5455 FAX: 604 924 5433 EMAIL: INFO@HEMOCAREWEST.COM WWW.HEMOCAREWEST.COM

THE SUNSHINE COAST OFFICE: P.O. BOX 61, SECHULT, BC, CANADA V0N 3A0 TEL: 604 885 2030



EMERGENCY CONTACT:

NAME: _____ PHONE: _____

RELATIONSHIP: _____ CELLULAR PHONE: _____

REFERENCE INFORMATION

WORK REFERENCE ONE:

COMPANY NAME: _____

SUPERVISORS NAME: _____

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

WORK REFERENCE TWO:

COMPANY NAME: _____

SUPERVISORS NAME: _____

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

REASON FOR LEAVING: _____



PERSONAL REFERENCE ONE:

NAME: _____

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

NATURE OF RELATIONSHIP: (FRIEND, SUPERVISOR, TEACHER, ETC.) _____

PERSONAL REFERENCE TWO:

NAME: _____

STREET: _____ SUITE: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

NATURE OF RELATIONSHIP: (FRIEND, SUPERVISOR, TEACHER, ETC.) _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. Further, I authorize former employers, references and any other individual or organization to provide information solicited by the company, and I hereby release and discharge each of the above, including the company, from any liability of any kind or nature.

SIGNATURE: _____ DATE _____