

Wing Kei

Wing Kei Care Centre 1212 CENTRE STREET NE CALGARY AB T2E 2R4
 Wing Kei Greenview 307 35 AVE NE CALGARY AB T2E 7Y6

Confidential Fax: 1-866-281 5988

Email: careers@wingkei.org

Tel: 403-277 7433

Tel: 403-520 0400

Website: www.wingkeicarecentre.org

Application for Employment

Date: _____

Position Applied For		Type of Employment:			
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Relief (Casual)	
		<input type="checkbox"/> Summer	<input type="checkbox"/> Temporary	<input type="checkbox"/> Others:	
Shift Availability:					
		<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	
		<input type="checkbox"/> Rotating	<input type="checkbox"/> Weekends		
Surname		First Name		Middle Name	
Address					
City		Province		Postal Code	
Telephone (Home)	Telephone (Business)	Telephone (Cell)		Email Address	
Are you fluent in English?	Are you fluent in Cantonese?	Are you fluent in Mandarin?		Other Language Skills (Please Specify)	
<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No	<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No	<input type="checkbox"/> Yes – Read and Write <input type="checkbox"/> Yes – Conversational <input type="checkbox"/> No		_____	
Professional Association/Registration					
Registration		Expiry Date		Province and Registration Number	
<input type="checkbox"/> RN/LPN:					
<input type="checkbox"/> Other Healthcare Professional:					
<input type="checkbox"/> Other (please specify):					
Education	Name and Location of Institution		Degree/Diploma or Grades Completed		
Post-Secondary (University, College, School of Nursing, Technical/ Business, etc.)					
High School					
Other Courses					
Skills	<input type="checkbox"/> Active Nursing License (# _____) <input type="checkbox"/> CPR/BCLS/ACLS (#DATE _____) <input type="checkbox"/> N95 Fit Testing <input type="checkbox"/> Medication Administration		<input type="checkbox"/> Medical Terminology <input type="checkbox"/> Food Safety Alberta Certification <input type="checkbox"/> Others:		
Employment History					
Last Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	Name and Address of Employer		
From (YY/MM)	To (YY/MM)	Telephone	Name of Supervisor	Title of Supervisor	
Duties	Reason for Leaving				

2 nd Last Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	Name and Address of Employer		
From (YY/MM)	To (YY/MM)	Telephone	Name of Supervisor	Title of Supervisor	
Duties		Reason for Leaving			
3 rd Last Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Others:	<input type="checkbox"/> Casual <input type="checkbox"/> Temp	Name and Address of Employer		
From (YY/MM)	To (YY/MM)	Telephone	Name of Supervisor	Title of Supervisor	
Duties		Reason for Leaving			
Additional Comments					
How did you learn about Wing Kei or our job postings?					
<input type="checkbox"/> Wing Kei Website		<input type="checkbox"/> Online Job Search Engine (Please Specify):			
<input type="checkbox"/> Newspaper (Please Specify):		<input type="checkbox"/> Other (Please Specify):			
<input type="checkbox"/> I am referred by a current Wing Kei Employee:					
Name		Title		Contact	
Consent for Release of Information/Employment Reference					
<i>I am applying for employment with Wing Kei and I hereby authorize my previous employers to release personal information to Wing Kei any information relating to my employment and/or educational background.</i>					
Previous Employer		Supervisor		Phone Number	
Date: _____ Signature: _____					
Conditions of Employment					
<ol style="list-style-type: none"> I understand all new employees of Wing Kei are responsible for the cost and provision of a criminal records check in compliance with the protection of persons in care act. I understand that Initial and continued employment at Wing Kei will depend on my ability to meet the health requirements. I understand group benefit plans will be available for eligible employees and will be in accordance with the policies and regulations of those plans. I understand that where there is provision for recognition of previous experience for the determination of salary and/or portability of benefits, I will be required to provide written confirmation from my previous employers regarding my experience and benefits within one (1) month of the date of employment. I understand that in order to receive recognition for education qualification, I must provide a copy of my certificate, diploma or degree. <p>I hereby certify that the information and answers given by me in this application are true and complete in every respect and I understand that any false answers or statements made by me may be grounds for termination of employment. I also understand that if I am hired I will be required to provide personal information – including my birth-date, sex, SIN, emergency contact, marital status, names of spouse and dependents, immunization records.</p>					
Date: _____ Signature: _____					

Thank you for applying to Wing Kei. Unless you are contacted for an interview, you will receive no further acknowledgement of your application.