



A Helping Hand Employment Application (Health Care)

www.ahelpinghandstaffing.com

First Name:

Last Name:

Address:

Postal Code:

Home Phone:

Alternate Phone:

Work Phone:

Date of Birth:

SIN:

- Bondable
- Legally Entitled to Work in Canada
- Convicted of a Felony

Transportation: Transit / Vehicle (circle one)

Emergency Contact:

Emergency Contact Phone:

Medical Conditions (diabetes, epilepsy):

Availability: Mon Thu Sun
 Tue Fri
 Wed Sat

Date Available to Start:

Hours Available Form:

Education:

| School Name & Address | Years Attended | Graduated | Degree/Certificate Awarded |
|---------------------------------|----------------|-----------|----------------------------|
| High School: | | | |
| College/University: | | | |
| Additional Education/ Training: | | | |

Work History:

1. Name: Phone: Address:

Job Title: Salary: Supervisor:

Dates Worked: FROM TO Duties:

Reason for Leaving:

2. Name: Phone: Address:

Job Title: Salary: Supervisor:

Dates Worked: FROM TO Duties:

Reason for Leaving:

Experience: (Please check areas of experience in appropriate blocks. Do not include school experience)

| Area | Exp. In Last 3 Yrs. | Cert. | Area | Exp. In Last 3 Yrs. | Cert. |
|--------------------|---------------------|-------|----------------|---------------------|-------|
| Alcohol Detox | | | Nursing Home | | |
| Burns | | | Oncology | | |
| CCU | | | Operating Room | | |
| Charge - Hosp | | | Orthopedic | | |
| Charge - Non Hosp | | | O-B/Gyn. | | |
| Dialysis | | | Pediatrics | | |
| ICU | | | Pediatrics ICU | | |
| Industrial Nursing | | | Private Duty | | |
| IV Therapy | | | Psychiatric | | |
| Labor & Delivery | | | Recovery Room | | |
| Medical Floor | | | Rehabilitation | | |
| Medications | | | Surgical Floor | | |
| Neonatal CCU | | | Telemetry | | |
| Neurological | | | TPN Therapy | | |
| Nursery | | | Urology | | |

References:

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

I have had the opportunity to go over the safety manual and orientation and agree to abide by all of the policies and procedures contained therein.

I have been orientated by A Helping Hand representative.

I understand that I am entitled to refuse any shifts without consequence. Therefore I am considered a Casual Employee in accordance with Alberta Employment Standards rules and regulations.

I understand that I have the right to refuse work in an environment in which the safety of myself or others is endangered. I agree that should such a situation arise, I will call my supervisor immediately.

I hereby authorize and request each former employer and person, firm or corporation given as a reference to answer all questions that may be asked and give all information that may be sought concerning me or my work habits, character, or skills.

I agree, in consideration of your employing me that I will not seek or accept employment, either directly or indirectly in any capacity from any client of **A Helping Hand** to whom I have been assigned, for at least 30 days after the last day of that assignment. I further understand that I cannot be paid by **A Helping Hand** until I present a time slip to the office signed by both the client and myself.

I understand **A Helping Hand** does **not** provide auto insurance coverage for me and that I am not to transport people in my automobile; nor am I to drive people in the client's automobile without written consent from the office of **A Helping Hand**. I release **A Helping Hand** and its agents from any responsibility should I not fulfill the terms of this contract. I certify that the information herein is complete and true and correct and that any material omission or misrepresentation shall be sufficient cause for dismissal.

I understand that **A Helping Hand** is in possession of confidential data, which is the property of its client. I therefore agree that I shall at all times keep all information contained in these documents in absolute confidence and will not enter into discussion on this information either during or after working hours.

I understand that upon accepting an assignment with **A Helping Hand** that I am then an employee of **A Helping Hand**. Should any employment opportunity arise with **A Helping Hand** client that is of interest to me, I will contact **A Helping Hand** prior to indicating interest to the Client Company. I also agree not to submit my resume, provide my home telephone number, or to use the client's telephone to place long distance calls without the permission of **A Helping Hand**. When I accept an assignment I acknowledge that I have made a commitment to both the client company and to **A Helping Hand** to complete the assignment through its full duration.

Employee Signature:

Date:

A Helping Hand Signature:

Date:

ACKNOWLEDGEMENT

I, _____, should I become employed by A Helping Hand understand and acknowledge the following:

- a. I have received and read the Employee Policies and Procedures and agree to abide by all of the policies and procedures contained therein.
- b. I have received and read the "Protection For Persons in Care Act" and understand that I am to contact the Director of each facility before proceeding further in the event that abuse may have occurred.
- c. I understand that regardless of whether I am a new hire or a rehire that I am considered a probationary employee until such time as I have completed twenty (20) shifts consisting of eight (8) hours each beginning on the date of the first shift worked by me.
- d. I understand that A Helping Hand maintains records of all shift/work refusals and in the event I do not accept any assignments from A Helping Hand for a period of twenty-one (21) days from the last assignment worked. that my notice of resignation will become effective at midnight on the 21st day.
- e. I agree to notify A Helping Hand in the event I intend to take a leave of absence and will provide A Helping Hand with the specific dates of that leave of absence. I understand that this will place me on inactive status with A Helping Hand at my request. Should I resume work with A Helping Hand at the end of the specified period, I will not be subject to a re-hire process, but will resume in the same manner prior to my request leave.

Dated this _____ day of _____, 20____

Signature:

A HELPING HAND

#113, 3825 - 34 st. NE | 15723 102 ave.
Calgary, AB | Edmonton, AB
T1Y 6Z8 | T5P 4M5
tel (403) 301-0260 | tel (780) 454-9800
fax (403) 301-0264 | fax (780) 454-1409

HEALTH STATEMENT

Name:

Address:

TB Skin Test Results: Date:

Chest X-Ray Results: Date:

if required by physician

I have examined the above-named individual and have found them to be in good health.

Signed: Date of exam:

Address: Date of report:

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SECURITY CLEARANCE REFERRAL FORM

Name of Applicant:
surname given middle

Maiden Name/Alias:
surname given middle

Address:

If less than 5 years at above address please provide previous address.

Date of Birth:

Male

Female

- Position applied for:
- Registered Nurse
 - Licensed Practical Nurse
 - Personal Care Aide
 - Companion
 - Skilled Labourer
 - Unskilled Labourer
 - Other

Division:

Department:

Identification produced:

1. _____

2. _____

Statement of Consent

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with the National Depository for Criminal Records in Canada may be provided to authorize persons of A Helping Hand.

And I further consent, if requested, to attend the Identification Section of the Calgary Police Service for fingerprint confirmation.

I further agree to absolutely release, discharge and absolve A Helping Hand and its employees from all claims, losses or damage including indirect or consequential, occasioned by me during or as a result of any investigation for a Criminal Record.

Dated this _____ day of _____, 20____

Signature:

Witness Name:

Witness Signature:

Check Box (for use of the Calgary Police Service)

- This is to certify that a record search, based on the above name(s) and birthdate has failed to disclose any such person with a record of Criminal Convictions in the National Repository for Criminal Records in Canada.

- This is to certify that a record search, based on the above name(s) and birthdate has disclosed a criminal conviction(s) registered in the National Repository for Criminal Records in Canada. The applicant should now be fingerprinted at the Calgary Police Service, Identification Section, to confirm this conviction(s).

A letter, outlining a confirmed criminal history will be supplied to the applicant.

Inspector i/c Identification Section
Calgary Police Service

I hereby authorize A Helping Hand to deduct \$18.00 off my pay cheque for my Security Clearance, of which I will receive a copy.

Name: (please print)

Address:

S.I.N.:

Date:

Signature:



A Helping Hand

#113, 3825 34 St. NE, Calgary, AB T1Y 6Z8 Phone: 403-301-0260, Fax: 403-301-0264

15723 102 Ave, Edmonton, AB T5P4M5 Phone: 780-454-9800, Fax: 780-454-1490

www.ahelpinghandstaffing.com

Applicant:
last first middle maiden

Address:

Phone #:

PROFESSIONAL REFERENCE:

1. Name: Phone #:

_____ has applied for employment with A Helping Hand and has listed you as a personal reference. We would appreciate your response to the following questions:

- 1) Length of time you have known applicant _____ years _____ months.
- 2) Would you consider applicant to be reliable? Yes No
- 3) Would you recommend applicant for a jib in their occupational field? Yes No
- 4) Have you worked with applicant on a professional level within the past three years? Yes No

Additional comments: _____

2. Name: Phone #:

_____ has applied for employment with A Helping Hand and has listed you as a personal reference. We would appreciate your response to the following questions:

- 1) Length of time you have known applicant _____ years _____ months.
- 2) Would you consider applicant to be reliable? Yes No
- 3) Would you recommend applicant for a jib in their occupational field? Yes No
- 4) Have you worked with applicant on a professional level within the past three years? Yes No

Additional comments: _____

3. Name: Phone #:

_____ has applied for employment with A Helping Hand and has listed you as a personal reference. We would appreciate your response to the following questions:

- 1) Length of time you have known applicant _____ years _____ months.
- 2) Would you consider applicant to be reliable? Yes No
- 3) Would you recommend applicant for a jib in their occupational field? Yes No
- 4) Have you worked with applicant on a professional level within the past three years? Yes No

Additional comments: _____

A Helping Hand representative:

Date: