

LIFEGUARD ^R_X HOMECARE

Lifeguard Homecare

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PERSONAL INFORMATION:

LAST NAME: _____ MIDDLE INITIAL: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME PHONE NUMBER: _____

ALTERNATE TELEPHONE #: _____ E-MAIL: _____

POSITION:

POSITION APPLYING FOR: _____

HOW DID YOU LEARN ABOUT THIS OPPORTUNITY? _____

ARE YOU WILLING TO TRAVEL AS YOU MAY BE REQUIRED? YES ___ NO ___

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES ___ NO ___

DO YOU HAVE A CURRENT VULNERABLE SECTOR POLICE CHECK THAT IS CLEAR? YES ___ NO ___

EMPLOYMENT:

Please provide an accurate and complete record of your employment records. Start with your present or most recent employer.

EMPLOYER: _____	TELEPHONE NUMBER: _____	
ADDRESS: _____	START DATE: _____	END DATE: _____
State Your Job Title and Responsibilities: _____ _____		
Starting Salary: _____	Final Salary: _____	Reason for Leaving: _____
May we contact this employer: _____ Name, Title of Supervisor, Phone Number: _____ _____		

EMPLOYER: _____	TELEPHONE NUMBER: _____	
ADDRESS: _____	START DATE: _____	END DATE: _____
State Your Job Title and Responsibilities: _____ _____		
Starting Salary: _____	Final Salary: _____	Reason for Leaving: _____
May we contact this employer: _____ Name, Title of Supervisor, Phone Number: _____ _____		

EDUCATION:

College/University: _____	Name/Location of School: _____
Course of Study: _____	
Degree or Diploma received: _____ Can we have a copy? _____	
High School: _____	Name/Location of School: _____
Course of Study: _____	
Degree or Diploma received: _____ Can we have a Copy? _____	
Other: (specialty courses)	
Name/Location of School _____	Course of Study: _____
Degree or Diploma received: _____ Can we have a Copy? _____	
Name/Location of School _____	Course of Study: _____
Degree or Diploma received: _____ Can we have a Copy? _____	
Please specify foreign language skills: _____ Spoken fluently? _____	

REFERENCE:

Full Name: _____	Relationship: _____
Company: _____	Phone Number: _____
Full Name: _____	Relationship: _____
Company: _____	Phone Number: _____
Full Name: _____	Relationship: _____
Company: _____	Phone Number: _____