



JOB APPLICATION

Caring Hands
705.445.9925
Info@caringhandscleaning.com
www.caringhandscleaning.com

PERSONAL INFORMATION

Last Name:		First Name:	
Street Address:		Contact Information -please select preferred-	
City, Province:		Home Phone:	<input type="checkbox"/>
Postal Code:		Mobile Phone:	<input type="checkbox"/>
Mailing Address (if different from above)		Email:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

EMPLOYMENT HISTORY

Starting with the most recent, please give details of all jobs held including part-time work.
Continue on a separate sheet if necessary.

CHECK HERE IF YOU ARE ATTACHING A RESUME & WILL NOT BE COMPLETING BELOW

Name of Employer	Job Title & Main Duties	Dates of Employment	Reason for Leaving	Additional Notes

EDUCATION & TRAINING

Starting with the most recent, please give details of all training, education, and certifications.
Continue on a separate sheet if necessary.

CHECK HERE IF YOU ARE ATTACHING A RESUME & WILL NOT BE COMPLETING BELOW

Name of Educational Institute, Training, Course, or Credential	Location	Highest Level Completed	Additional Comments

GENERAL

Tell us about your hobbies, interests, and volunteer experiences:

OTHER

Are you currently trained in First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to lift 40 lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Drivers' License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work on your feet for up to eight hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you bend, squat, and reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Bondable	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform repetitive movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to provide a Police Record Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please outline any limitations that may need to be accommodated for this position	Details:

EMPLOYMENT GOALS

Position Sought:		Available Start Date:		Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please select your employment preferences:							
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Short-term	<input type="checkbox"/> Other:			
Provide additional details if desired:							
Availability:							
	MON	TUE	WED	THU	FRI	SAT	SUN
Morning:							
Evening:							
Overnight:							

REFERENCES

Please provide details for at least two references who can comment on your suitability for the job.

Name	Relationship	Occupation & Employer	Contact Number	Additional Comments

DECLARATION

I certify that the information set forth in this Job Application (and attached resume) are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Caring Hands is hereby authorized to make any investigations of my prior educational and employment history listed on this application or outlined on my resume.

All information on this form will be treated with the strictest of confidence and used to process your application for employment. If you are hired, this application will form the basis of your personnel file

Applicant Signature:		Date of Application:	
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ACCESSIBILITY

Caring Hands is committed to diversity and inclusiveness. Should you require accommodation in relation to any of the materials or processes used during the recruitment and selection process, please let us know, and we will make every effort to accommodate persons with disabilities in an appropriate and timely manner.