



## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

APPLICATION FOR:  ADMINISTRATION

ADDRESS: \_\_\_\_\_

FOOD SERVICE

\_\_\_\_\_

SUPPORT SERVICES

\_\_\_\_\_

LAUNDRY

TELEPHONE #: \_\_\_\_\_

UTILITY

LANGUAGE: 1<sup>ST</sup> SPOKEN: \_\_\_\_\_

MAINTENANCE

1<sup>ST</sup> WRITTEN: \_\_\_\_\_

RECREATION

2<sup>ND</sup> SPOKEN: \_\_\_\_\_

HOUSEKEEPING

2<sup>ND</sup> WRITTEN: \_\_\_\_\_

NURSING

Are you legally eligible to work in Canada?  Yes  No

RN REG# \_\_\_\_\_

Are you available for:  Full time  Part time

LPN REG# \_\_\_\_\_

Days  Evenings  Nights

RA

Do you have a relative on our staff?  Yes  No

If yes – what relationship? \_\_\_\_\_

### Education Background – (Proof of Education must be submitted prior to hiring)

EDUCATION	DATE	LEVEL COMPLETED	COURSE TAKEN
University			
Community College			
High School			
Other			

**Prior Work History** – (List in order, last or present employer first)

1.

Dates		Name and Address of Employer	Reason for Leaving
From	To		
Position Held:		Phone #:	

2.

Dates		Name and Address of Employer	Reason for Leaving
From	To		
Position Held:		Phone #:	

3.

Dates		Name and Address of Employer	Reason for Leaving
From	To		
Position Held:		Phone #:	

**References:**

	Name	Relationship	Address	Telephone
1				
2				
3				

I have completed this application form to the best of my knowledge. I agree to allow said employer to contact listed employers and references as to character and work reference.

I agree to work all shifts (where shift work is required)

I agree to the requested pre-employment physical examination by a physician of my choice. Dietary staff also must provide the results of a stool specimen (a copy to be submitted to said employer.

(Cost incurred is responsibility of applicant.)

I agree to provide said employer with a security clearance document prior to employment. (RCMP – cost incurred is responsibility of applicant)

**NOTE: Application effective for one year from date of filing.**

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Social Development Record Check Consent Form

**You must indicate if it is for:**

- Initial check
- Five-year renewal
- Owner/Operator
- Exemption request
- New childcare facility request

**Send to:** Centralized SD Record Check Services  
P.O. Box 5001, Moncton, NB E1C 8R3  
Fax: 506-856-3013  
Phone: 506-856-2258 Toll free: 1-844-994-7372 (SDRC)  
Email: [Check.Verification@gnb.ca](mailto:Check.Verification@gnb.ca)

**Return to:** \_\_\_\_\_

**Name of Agency / Service:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**PLEASE PRINT**

Full Name of Applicant:     
*Surname First Name Middle Name*

Maiden Name:  Other(s) surname(s):

Date of Birth    Sex: M  F  Previous employer: \_\_\_\_\_  
*Year Month Day*

Current address (must contain civic#, city/town and postal code): \_\_\_\_\_

Previous Addresses within past five years (must contain civic#, city/town and postal code): \_\_\_\_\_

The Applicant provides consent to the Department of Social Development:

- To conduct a SD Record Check, as described below, and
- To disclose the outcome of the SD Record Check to the agency/service named at the top of this form.

The purpose of the SD Record Check is to review Social Development files to determine if the Applicant has been a person identified in the following:

- a) a court order based on a finding by the court that a person has endangered a child's security or development as described in paragraphs 31(1)(a) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
- b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; and
- c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
- d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user, where the person has been directed by the Minister to terminate the operation of the community placement resource.

Applicants with any of the above-noted criteria cannot be approved in the delivery of programs and services funded and/or approved by the Department of Social Development, including:

- operate or work in an early learning and childcare facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence, except as a client receiving services as part of an approved case plan;
- provide home support services, such as attendant care and homemaker;
- become an adoptive parent.

The Applicant acknowledges that he/she has read and understands the purpose of this consent. Applicants who are not in agreement with the outcome of the SD Record Check may request a review in writing.

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
**Signature of applicant**

*The Witness acknowledges that they have reviewed the Applicant's government issued identification and confirms that the information recorded above matches the Applicant's government issued identification.*

X \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
**Signature of witness Print name (witness)**

**Note: All incomplete forms will be returned to the sender which will result in a delay to the processing of the SD Record Check.**

[ ] **Contravention not indicated** [ ] **Contravention indicated** Signature \_\_\_\_\_ Date \_\_\_\_\_