



FOREST DALE HOME INC.

APPLICATION FOR EMPLOYMENT

NAME: _____

ANY OTHER NAME
YOU HAVE BEEN KNOWN BY: _____

ADDRESS: _____

_____ POSTAL CODE: _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL: _____

WORK PREFERENCE:

<input type="checkbox"/> Activities	<input type="checkbox"/> Administration	<input type="checkbox"/> Dietary Cook
<input type="checkbox"/> Dietary Maid	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Resident Attendant
<input type="checkbox"/> Laundry	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Summer Student
<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Registered Nurse	

FULL TIME _____ PART TIME _____ CASUAL _____

I AM WILLING TO WORK SHIFT-WORK. YES / NO

HAVE YOU PREVIOUSLY WORKED FOR US? YES / NO Date: _____

LIST ANY RELATIVES CURRENTLY WORKING FOR US: _____

EDUCATION BACKGROUND:

HIGH SCHOOL (OR EQUIVALENT): _____

GRADE COMPLETED: _____ DATE: _____

POST SECONDARY EDUCATION:

INSTITUTION: _____ COURSE OF STUDY: _____ DATE: _____



FOREST DALE HOME INC.

EMPLOYMENT HISTORY

EMPLOYER:

CONTACT:

PHONE #:

1. _____
2. _____
3. _____

PROFESSIONAL/ SUPERVISOR REFERENCES:

NAME:

RELATIONSHIP

PHONE #:

1. _____
2. _____

NOTICE TO APPLICANT:

New Brunswick Regulation 85-187 under the Nursing Homes Act (O.C. 85-967) Article 14(1) Every person to be employed in a nursing home shall, before entering employment, give a complete medical history and receive a physical examination, submit to such examinations as are required to ensure that he is free from a notifiable disease, and submit the results of the examinations referred to in paragraphs (a) and (b) to the employer. Applicants accepting employment with Forest Dale Home Inc. must abide by all current Nursing Home Policies as a condition of their employment. Such policies are subject to change.

MEDICAL RECEIVED:

YES OR NO

FOOD HANDLING COURSE

Applicants accepting employment in the Environmental Department with Forest Dale Home Inc. must possess a current Food Handling Course Offered by Public Health. ENVIRONMENTAL –

FOOD HANDLING CERTIFICATE RECEIVED:

YES OR NO

PRE-EMPLOYMENT STATEMENT:

I, the undersigned, hereby certify that the information contained in this application for employment is true and accurate. I authorize Forest Dale Home Inc. to obtain any further information from others that may reasonably be required. I acknowledge and agree that falsification of any information on this application for employment is grounds for termination of employment.

SIGNATURE OF APPLICANT

DATE



FOREST DALE HOME INC.

REFERENCE FORM

_____ has applied for a position as _____. We would appreciate the following information, which will be held in confidence.

I hereby give consent for a reference to be released:

Signature of applicant: _____ Date: _____

From which Dates were they employed with your organization?

_____ to: _____

Which Position did they hold? _____

Why did the applicant leave? _____

Would you rehire? _____

If possible please elaborate?

Tell us about this person: attitude, dependability, judgement, initiative, general knowledge, team work, ability to get along with co-workers, residents etc.

Comments: _____

Name of person providing reference: _____

Position: _____ Hospital/Agency _____

Date: _____ Thank you.

Reference completed by: _____ Date: _____

Please return to: _____ (Fax: _____)

Social Development, Regional Address
Postal Code

APPENDIX "C1"

Please check if is for:

- ☐ Initial Check
☐ Five year renewal
☐ Other

SD Record Check Consent Form

Name of Nursing Home: _____

Address: _____

Fax: _____

Telephone: _____

PLEASE PRINT

Full Name of Applicant
Surname First Name Middle Name

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

Date of Birth Sex: Sex: M ☐ F ☐ Previous employer: _____
Year Month Day

Current address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record check to the aforementioned Nursing Home.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the Family Services Act.

Any individual who has one of the following criteria:

- 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,
- 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
- 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.
- 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:

shall not be permitted to;

- operate, manage or work in a licensed nursing home;

The applicant acknowledges that he/she has read and understood the foregoing consent authorization. Individuals not in agreement with the outcome of their record check may request, in writing, an administrative review. Applicants may request an exemption to their contravention if three years have passed and the applicant can demonstrate positive personal changes.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization.

X _____ Dated this ____ day of _____, 20 ____
Signature of Applicant

[] Contravention not indicated [] Contravention indicated Signature _____ Date _____

PLEASE PROVIDE A COPY OF THIS PAGE TO THE AGENCY OR SERVICE FOR ITS RECORD



Forest Dale Home Inc.

5836 King Street
Riverside-Albert, New Brunswick
E4H 4B9

"Togetherness where caring counts"

Tel.: (506) 882-3015

Fax: (506) 882-3014

E-Mail: forestdale@nb.aibn.com

MEDICAL INFORMATION

APPLICANT INFORMATION:

Name:	
Date of Birth:	Telephone Number:
Address:	
Position Applying for:	
Applicants Consent:	Date:

Disclaimer: The sole purpose of this information is to determine the suitability of the applicant to perform his/her duties for which they have applied in a Long Term Care setting. Information collected is to be directed to the Director of Care Services and will be stored in the employee's personnel file.

PHYSICIAN INFORMATION:

In your opinion, are there any medical reasons that would prevent this person from working in this position?

Is this person receiving medical treatment?_____ If so, please specify current status and treatment for the conditions and any concerns or limitations related to the condition or treatments.

Does this person have any communicable disease?_____ If yes, please specify.

Has this person received immunization information to protect them in this setting? (Hepatitis B Immunization is recommended for our employees).

How long have you known this person?_____

Date of last Medical Examination:_____

Physician's Name:_____

Address:_____

Telephone Number:_____ Fax:_____

Physician's Signature:_____ Date:_____

FORM 1101 (01/2012)



Forest Dale Home Inc.

5836 King Street
Riverside-Albert, New Brunswick
E4H 4B9

"Togetherness where caring counts"

Tel.: (506) 882-3015
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E-Mail: forestdale@nb.aibn.com

Memorandum

Date: January 2018

To: **All Employees and Volunteers of Forest Dale Home Inc.**

From: Board of Directors Forest Dale Home Inc.

RE: Employee and Volunteer Criminal Record Checks

Recent government changes require all employees and volunteers of facilities that provide a service to a vulnerable sector population (i.e. seniors, children) to provide their employer with a current Criminal Record Check (CRC).

It is the responsibility of each individual to provide the initial Criminal Record Check and then to provide an **update** to the employer **every three years**.

If you are a resident of Albert County you are required to visit the Caledonia RCMP Detachment on Pine Glen Road in Riverview. You must go in person between 8:30 a.m. and 4:30 p.m., Monday to Friday and be prepared to present your proof of ID (driver's license, birth certificate or passport). There is no charge for this service to residents of Albert County. By leaving a stamped envelope, you may choose to have the completed CRC be mailed to yourself or Forest Dale Home Inc. 5836 King Street, Riverside-Albert, NB E4H 4B9 Attention: Administrator.

Please note that one person will review each CRC only, either the Administrator or one designated member of the Board. This information will be held in the strictest confidence. Any action taken will be at the discretion of the person reviewing the CRC. After review, the CRC will be returned to the employee or volunteer and a copy will be retained by Forest Dale Home Inc.

It is understandable that this is a sensitive issue so if you have any questions please do not hesitate to ask. Thank you for your cooperation.