



Dipromise Healthcare Services

2300 Sheppard Avenue West, Toronto,
Ontario M9M 3A4

Email: hr@dipromise.com

Tel: +1 (437) 882 5859

Applicant Form

Name: _____
First Middle Last

Contact Information

Email

Phone Number

Street Address

City

Province

Postal Code

List of Current Certifications

Position Applied For

☐ RN ☐ RPN ☐ PSW ☐ DSW ☐ HSW ☐ RSA

Biography

Last Employment

Languages Spoken

High School Completed Grade 12

☐

Yes

☐

No

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

☐

Yes

☐

No

Are you currently working?

☐

Yes

☐

No

Are you comfortable working in a COVID positive facility?

☐

Yes

☐

No

High School Completed Grade 12

☐ Yes ☐ No

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

☐ Yes ☐ No

Are you currently working?

☐ Yes ☐ No

Are you comfortable working in a COVID positive facility?

☐ Yes ☐ No

Do you have CPR First Aid Certificate?

☐ Yes ☐ No

Do you have General persuasion Approach (GPA) certificate?

☐ Yes ☐ No

Did you work with individuals dealing with epilepsy?

☐ Yes ☐ No

Do you have experience working with autistic children?

☐ Yes ☐ No

Do you have a valid police background check (within the last 12 months)?

☐ Yes ☐ No

Do you have a reliable vehicle?

☐ Yes ☐ No

Do You Have a PSW Certificate?

☐ Yes ☐ No

Do You Have Dementia Training and/or Experience?

☐ Yes ☐ No

If Yes, Please specify

Do You Have a Drivers Licence?

☐ Yes ☐ No

Do You Have Acces to a Car?

☐ Yes ☐ No

Do You Have Acces to Public Transit?

☐ Yes ☐ No

What Areas are You Available to Work?

- ☐ Burlington ☐ Oakville ☐ Milton ☐ Georgetown
☐ Mississauga ☐ Toronto ☐ Scarborough ☐ Ajax
☐ Richmond Hill ☐ Markham ☐ Pickering ☐ Whitby
☐ Oshawa

Others, Please specify

What Days are You Available for Work?

- ☐ Monday ☐ Tuesay ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

What Time(s) of Day are you Available for Work?

- ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight

Add any Additional Time(s) of Day Availability Comments:

Smoker?

- ☐ Yes ☐ No

Allergies

- ☐ Yes ☐ No

If yes please list

While submitting the filled application form, do well to attach the following documents as well.

1. Picture ID
2. Certificate
3. Police Background Check
4. SIN Number
5. Vaccination Proof

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on the application shall be considered sufficient cause for legal action as well as immediate dismissal without notice and without payment in lieu of notice. I consent to the information collected here being used to determine my eligibility and appropriateness for employment with Dipromise Health Care. I also consent to this information being used for identification and payroll purposes should Dipromise Health Care later employ me. I understand that I am responsible for my own transportation.

By submitting my Application online, I attest that I have read and understand the information contained above.

Signature

Date
