



OFFER OF EMPLOYMENT

Applicant: _____
Position: _____
Offer Made By: _____
Probationary Period: 500 Hours
Date of Offer: _____

Date of Offer: _____
Offer Accepted: Yes No
Rate of Pay: _____
Status: Active Inactive

Following section to be completed only if offer of employment is accepted.

Date of birth: ____/____/19____ SIN/SS #: _____
Day Month Year

Marital Status: Single Married Separated Divorced Widowed

Do you have any physical or mental condition that may limit your ability to perform certain kinds of work? Yes No

If YES, please describe the condition and any work limitations it may impose on you.

Persons to be notified in case of accident or emergency:

Name	_____	_____
Relationship	_____	_____
Address	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

Non-Nursing Certificate of Completion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Privacy Code of Conduct	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current First Aid Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current CPR Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Hepatitis B or	Yes <input type="checkbox"/> No <input type="checkbox"/>
Offer of Employment Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis Waiver Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Description Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Uniform Deduction Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Letter of Understanding Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Profile	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee Confidentiality Signed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Handbook	Yes <input type="checkbox"/> No <input type="checkbox"/>
Criminal Record Check	Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Auto Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Driver's License & Abstract	Yes <input type="checkbox"/> No <input type="checkbox"/>

Manager/Supervisor Signature

Date

Employee Signature

Date

The information contained within this document is not shared with any third parties. The information is for record keeping and is kept in the employee's file during employment or as required by law. The information is used in the employee's confidential record of employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose.