

## INTERNAL POSTING PROCEDURE

### TO APPLY FOR AN OPENING:

- Step 1: Ensure you meet the following eligibility requirements:**
- ✓ You are a current Greystoke staff.
  - ✓ You have been in your current position for at least three (3) months. (Exceptions to this three-month requirement must be supported by your current supervisor.)
  - ✓ Your performance meets established work standards in your current position.
  - ✓ You are not currently involved in a corrective action, progressive problem solving process for your current position.
  - ✓ You meet the qualifications listed for the position on the job posting.
- Step 2: Complete an Internal Application form.**
- ✓ Applications are available from Human Resources or at the reception area of the front office. Attach your updated resume to the completed application.
- Step 3: Submit your completed Internal Application to your supervisor. Where applicable, attach other documentation as required.**
- Step 4: Your supervisor will add his/her comments and submit the Internal Application to Human Resources.**
- Step 5: Candidates who are qualified will participate in an initial interview with Human Resources and/or Hiring Supervisor.**
- Step 6: The successful candidate will be notified.**

# INTERNAL APPLICATION FORM

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

CURRENT POSITION: \_\_\_\_\_ TIME IN POSITION: \_\_\_\_\_

POSITION(S) APPLYING FOR; if applying for multiple shift positions, please list in order of preference

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Please attach an up-to-date resume and list your qualifications relative to the posted position(s). State any additional information you feel may be helpful to us in considering your application:**

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE CONSIDERED...**  
***APPLICATIONS SHALL BE SUBMITTED WITHIN THE POSTED TIME FRAME.***  
**STAFF MUST SUBMIT A RESUME and AN APPLICATION FORM.**

**SUPERVISOR INPUT:**

Skills / Training Acquired / Attendance / Problem Solving, etc.:

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMPLOYMENT HISTORY (List present or most recent position first)**

1. Name of Employer & Phone Number		Address	
Name/Position of Immediate Supervisor		Department	Your Position
List jobs held, duties performed, skills used or learned, advancements or promotions while working at this company			
Date Employed (dd/mm/yy)		Date Left (dd/mm/yy)	
Reason For Leaving		May we contact this employer? (If not, briefly state reason) YES <input type="checkbox"/> NO <input type="checkbox"/>	

2. Name of Employer & Phone Number		Address	
Name/Position of Immediate Supervisor		Department	Your Position
List jobs held, duties performed, skills used or learned, advancements or promotions while working at this company			
Date Employed (dd/mm/yy)		Date Left (dd/mm/yy)	
Reason For Leaving		May we contact this employer? (If not, briefly state reason) YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. Name of Employer & Phone Number		Address	
Name/Position of Immediate Supervisor		Department	Your Position
List jobs held, duties performed, skills used or learned, advancements or promotions while working at this company			
Date Employed (dd/mm/yy)		Date Left (dd/mm/yy)	
Reason For Leaving		May we contact this employer? (If not, briefly state reason): YES <input type="checkbox"/> NO <input type="checkbox"/>	

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?  
Yes  No  (a Conviction record will not necessarily disqualify you from employment)

**References** ... Please list two or three references other than relatives.

Name	Contact Information	Occupation/Relationship
1.		
2.		
3.		

How did you hear about this position and/or CBI Greystoke Home Health?

Have you worked for CBI Greystoke Home Health before? If so, when and in what capacity? Who was your Supervisor?

We appreciate your interest in seeking employment with us. Please use this space to elaborate on any background, skills, experience, or qualifications you believe would assist you in performing the duties of the position you have applied for. You may include hobbies, special talents, volunteer experience, languages and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

**Please Read Carefully**

**False information given or implied on an application form is grounds for immediate dismissal without further notice.**

I hereby state that all information provided is accurate and may be verified by you. I agree that regardless of employment status, I may be discharged if CBI Greystoke Home Health at any time learns of falsification or material omission in the information provided on this application form and related documents.

**Release of Information**

I hereby grant CBI Greystoke Home Health permission to contact all previous employers (unless otherwise indicated), in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release CBI Greystoke Home Health its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

**Policies and Procedures**

I agree to abide by Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that CBI Greystoke Home Health reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits from time to time at its sole discretion without prior notice to me provided that CBI Greystoke Home Health advises me within a reasonable period of time. I understand that such compliance is a condition of employment. I also understand that non-adherence to CBIGHH policies and practices or other rules will result in discipline up to and including termination.

**Confidentiality/Non-Disclosure Agreement**

I acknowledge and agree that I will not disclose, reveal, and/or make copies of any confidential information related to the staff, persons served (clients), or operations of CBI Greystoke Home Health at any time, whether during or after employment, without first obtaining written consent from an officer of the company. Confidential Information shall include and is not limited to all knowledge, specifications, documents, materials, products, technology, programs, manuals, business plans, software, financial information and other information disclosed or submitted, orally, in writing, or by any other media. I further understand that any breach of company or client confidentiality will be just cause for termination.

**Return of Company Property**

I acknowledge and agree that upon request by CBI Greystoke Home Health and in any event, upon termination of employment, I shall turn over to CBIGHH all documents, materials, products, programs, manuals, or other work product in my possession.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

WHILE CBI GREYSTOKE HOME HEALTH THANKS ALL INDIVIDUALS FOR THEIR INTEREST, ONLY THOSE INDIVIDUALS DESIGNATED FOR AN INTERVIEW WILL BE CONTACTED.

CBI Greystoke Homes adheres to a policy of making employment decisions without regard to race, colour, religion, national origin, gender, sexual orientation, age, income, disability, or any other legislatively prohibited grounds for discrimination, except where there are bona fide occupational requirements or as otherwise allowed under federal and provincial Human Rights legislation.



## REQUEST FOR CRIMINAL RECORD CHECK

**APPLICABLE TO:** All Home Care, PDD, and Children's Program Staff

As a term and condition of employment, all individuals providing service delivery with children or vulnerable adults with CBI Greystoke Home Health is required to provide a Criminal Record Check prior to first shift with persons served. In view of the nature and dealings of work within the Agency, note the following conditions:

- i. Applicants are required to consent to and undergo a criminal record check relative to positions involving children, or vulnerable persons**
- ii. At point of hire, criminal record checks that are no older than 3 months can be considered current**
- iii. Thereafter, criminal record checks need to remain current – renewed every 3 years**

This process will take approximately 10 – 12 business days. You may go to City Police Headquarters (Lethbridge and Coaldale residents – there is an associated processing fee you will be required to pay; call 403-327-2210 for details), or the RCMP Detachment (for rural residents) and they will provide you with the forms you need to complete in order to process your Criminal Record Check.

As you are required to provide two pieces of identification, one of which must be photo, please bring with you proper identification, preferably your passport, birth certificate or a driver's license to assist the officer in charge.

The Criminal Record or the Certification that no record exists will be forwarded back to you by the police and not to our office. To enable us to proceed further with your application, it is your responsibility to provide documentation to us in a timely manner.

## REQUEST FOR INTERVENTION RECORD (CYIM)

**APPLICABLE TO:** Children's Program Staff

As a term and condition of employment, in addition to the Criminal Record Check, staff employed in the Children's Program of CBI Greystoke Home Health is required to provide an Intervention (Child Welfare) Record Check signed and dated prior to first shift with persons served. In Alberta this means verification of Child and Youth Information Modules. Note the following conditions:

- i. At point of hire, record checks that are no older than 3 months can be considered current; and**
- ii. Thereafter, record checks need to remain current – renewed every 3 years.**

This process (there is no cost associated) can be initiated by going to the main floor of the Lethbridge Centre Tower, 200 - 4 Avenue South, Suite 147 or by calling 403-381-5555 for further information. The office hours are 8:15AM to 12 noon (closed for lunch) and 1:00 to 4:30PM Monday to Friday. Upon completion of paperwork, please allow approximately 5 – 10 business days for your form to be processed by Alberta Children's Services.

*Thank you for your interest in CBI Greystoke Home Health.  
We look forward to receiving your documentation so we may proceed accordingly.*