



Connecting Care

Request for External Employee Care Partner Posting

**Form to be completed by Manager/Supervisor and submitted to the Operations Standards Manager via email.

Location: (Include Address)	
Competition #: (Date/Location- (e.g. -060514-PWLHH))	
Care Partner Role:	
Classification (FT, PT, FTE, casual, permanent, term):	
Qualifications: (As per Care Partner Role)	
Responsibilities of Role: (As per Care Partner Role)	
Base Rate of Pay:	
Benefits: (Yes or No)	
Closing Date: (as per Policy):	
Role Start Date:	
Submit Application/Resume to: (Email address)	

**A copy of the *External Employee Care Partner Posting* is to be filed in the competition file.