



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.

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

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