



# Shiloh College

18 Rivalda Road, Toronto, Ontario, M9M 2M3 Canada

Telephone: +1 (647) 247 2913 Ext. 4

Email: [registrar@shilohcollege.com](mailto:registrar@shilohcollege.com), Website: [www.shilohcollege.com](http://www.shilohcollege.com)

## APPLICATION FOR ADMISSION (PLEASE PRINT CLEARLY)

### HOME CARE SUPPORT WORKER

#### Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Academic Background

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Previous College/University: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_

#### Professional Experience (if applicable)

Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Years of Service: \_\_\_\_\_

#### References

Please provide the names and contact details of two references who can vouch for your character and academic ability:

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

#### Declaration:

I hereby declare that the information provided is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Application Received Date: \_\_\_\_\_ Application ID: \_\_\_\_\_

Admissions Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_