



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT: _____

TOWN/CITY: _____ PROVINCE: _____

POSTAL CODE: _____

TELEPHONE # _____ ALT: _____

E-MAIL _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? ___ YES ___ NO

DO YOU HAVE VALID DRIVER'S LICENCE? ___ YES ___ NO CLASS: _____

DATE AVAILABLE TO BEGIN WORK: _____

POSITION PREFERENCE

PLEASE CHECK (✓)

___ RELIEF SUPPORT WORKER ___ CONTRACT

___ PART-TIME SUPPORT WORKER ___ OTHER

___ FULL-TIME SUPPORT WORKER

AVAILABILITY

ARE YOU WILLING AND ABLE TO WORK:	DAYS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	EVENINGS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	OVERNIGHTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	SATURDAYS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	SUNDAYS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

To determine your qualifications for employment, please provide information related to your academic and other achievements -- including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

SECONDARY SCHOOL: _____

HIGHEST GRADE OR LEVEL COMPLETED: _____

TYPE OF CERTIFICATE OR DIPLOMA RECEIVED: _____

COMMUNITY COLLEGE: _____

NAME OF PROGRAM: _____

LENGTH OF PROGRAM: _____ DIPLOMA RECEIVED: YES NO

UNIVERSITY: _____

NAME OF PROGRAM: _____

LENGTH OF COURSE: _____ DEGREE AWARDED: YES NO

BUSINESS, TRADE OR TECHNICAL SCHOOL: _____

LENGTH OF COURSE: _____

LICENCE, CERTIFICATE OR DIPLOMA AWARDED? YES NO

OTHER COURSES, WORKSHOPS, SEMINARS:

ACTIVITIES (VOLUNTEER, ATHLETIC, ETC.):

EMPLOYMENT (BEGINNING WITH MOST RECENT)

NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

TYPE OF BUSINESS: _____

TELEPHONE NO.: _____

PERIOD OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES, RESPONSIBILITIES: _____

NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

TYPE OF BUSINESS: _____

TELEPHONE NO.: _____

PERIOD OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES, RESPONSIBILITIES: _____

NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:

TYPE OF BUSINESS: _____

TELEPHONE NO.: _____

PERIOD OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING: _____

DUTIES, RESPONSIBILITIES: _____

WORK RELATED SKILLS

Describe any of your work related skills, experience or training that relate to the position being applied for:

For employment references, please list your present/past employer(s) and telephone numbers that we may approach:

EMPLOYER

TELEPHONE NUMBER

_____	_____
_____	_____
_____	_____

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

SIGNATURE

DATE