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| **Application for Employment** | |
| Position desired: | Date available to begin: |

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| **Personal Data** | | |
| Last name: | First name: | |
| Address: | Apt. No.: | Telephone Number: |
| City: | Province: | Postal Code: |
| Are you legally eligible to work in Canada (mark one) : | Yes: | No: |
| Have you been convicted of a federal offence for which you have not received a pardon? | Yes: | No: |

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| **Education** | | | | | |
| Secondary School: | | | Business or Trade School: | | |
| Highest Level completed: | | | Name of course: | | |
| Type of certificate or diploma: | | | Length of course: | | |
| License, certificate or diploma awarded? | Yes: | No: |
| College: | | | University: | | |
| Name of Program: | | | Length of course: | Degree awarded: | |
| Diploma received: | Yes: | No: | Honours: | Yes: | No: |
| Program Length: | | | Major Subject: | | |
| Other Education | | | | | |
| If you have other courses, workshops or seminars in which you feel would prove useful list them here: | | | If you have other licenses, Certificates or Degrees which you feel would prove useful list them here: | | |
| Work Related Skills | | | | | |
| Please describe any of your work related skills, experience or training that relate to the position being applied for: | | | | | |

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| **Employment** | |
| Name of present/last employer: | Present/Last job title: |
| Period of employment: |
| Type of business: |
| Reason for leaving  (do not refer to issues related to maternity/parental leave, Workers' Compensation claims, handicap/disability, or human rights complaints): | |
| Functions/Responsibilities: | |

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| **Employment** | |
| Name of present/last employer: | Present/Last job title: |
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| Type of business: |
| Reason for leaving  (do not refer to issues related to maternity/parental leave, Workers' Compensation claims, handicap/disability, or human rights complaints): | |
| Functions/Responsibilities: | |

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| **Employment** | |
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| Period of employment: |
| Type of business: |
| Reason for leaving  (do not refer to issues related to maternity/parental leave, Workers' Compensation claims, handicap/disability, or human rights complaints): | |
| Functions/Responsibilities: | |

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| **Employment References** |
| We may contact your present/last employer: |
| We many contact your former employer(s): |
| List references if different than above: |

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| **Personal Interests and Activities (civic, athletic, etc.)** |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_