



APPLICATION FOR EMPLOYMENT

Position being applied for: _____ Date Available to begin work: _____

PERSONAL DATA

Last Name		Given Names	
Address			Home No.
City	Prov.	Postal	Business No.
Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you 18 yrs or more years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you willing to relocate in Ontario?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To determine your qualification for employment, please provide below and on the reverse, 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		BUSINESS OR TRADE SCHOOL	
Highest grade or level completed:	Name of Program:	Length of Program:	
License, certificate or diploma awarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:
Community College:	University:		
Length of Program:	Major Subject:		
License, certificate or diploma awarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Honours
Other Courses, Workshops, Seminars:	Licenses, Certificates, Degrees:		

WORK RELATED SKILLS

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

EMPLOYMENT

NAME & ADDRESS OF PRESENT/LAST EMPLOYER: _____ _____ _____	Job Title:	
	Period of employment (includes leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
	From:	To:
Name of Supervisor:	Salary:	
Telephone No.:	Reason for leaving (do not include leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
Type of Business:		
Functions/Responsibilities:		



NAME & ADDRESS OF PREVIOUS/LAST EMPLOYER: _____ _____ _____	Job Title:	
	Period of employment (includes leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
	From:	To:
	Salary:	
Name of Supervisor:	Reason for leaving (do not include leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
Telephone No.:		
Type of Business:		
Functions/Responsibilities:		

NAME & ADDRESS OF PREVIOUS/LAST EMPLOYER: _____ _____ _____	Job Title:	
	Period of employment (includes leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
	From:	To:
	Salary:	
Name of Supervisor:	Reason for leaving (do not include leaves of absence related to maternity/parent leave, Workers' Compensation claims, handicap/disability, or human rights complaint):	
Telephone No.:		
Type of Business:		
Functions/Responsibilities:		

For employment references we may approach: Your present/last employer? Yes No
 Your former employer(s)? Yes No

List references on a separate sheet if different than above.

PERSONAL INTERESTS AND ACTIVITIES (CIVIC, ATHLETIC, ETC.)

Have you attached an additional sheet? Yes No

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: _____