

Job Application

Position Applied For: _____

How Did You Hear About Job Opening: _____

Date of Application: _____ Date Available: _____

Applicant Information

Last Name: _____ First Name: _____

Mailing Address: _____

Telephone: (home) _____ (work) _____

Are you Legally Permitted to Work in Canada: Yes No

Education and Training

Have you completed your high school diploma (Grade 12)? Yes No If No, indicate highest level of school you have completed: Grade _____

Formal Post Secondary Education (i.e. University, College, Technical or Trade)

Educational Institution	Program	Degree/Diploma/Certificate	Completed	Year
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Training, Courses or Certification

Name of Training, Course or Certification	Location	Level	Year	Start Date	Completion Date

Employment History (begin with the most recent)

Company Name: _____

Telephone Number: (_____) _____ Supervisor's Name: _____

Length of Employment: _____ Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Company Name: _____

Telephone Number: (_____) _____ Supervisor's Name: _____

Length of Employment: _____ Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Company Name: _____

Telephone Number: (_____) _____ Supervisor's Name: _____

Length of Employment: _____ Job Title: _____

Job Duties: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

What are your interests and activities?

Anything else you would like to tell us about yourself?

Personal References (exclude former employers, relatives or members of the clergy)

Name	Occupation	Phone Number

May we contact you at work? Yes No (If No, how do we reach you during the day?)

By my signature on this application, I:

- a. Authorize the verification of the above information and any other necessary inquiries that may be necessary to determine my suitability for employment.
- b. Affirm that the above information is true.

Applicant's Signature: _____ **Date:** _____