



P.O. Box 683, 326 Raglan St. South  
 Renfrew ON K7V 4E7  
 Tel: (613)432-6763 Fax: (613)432-9465

## APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking time to complete this application.

Date: \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-time \_\_\_\_ Part-time \_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Did we previously employ you? Yes \_\_\_\_ No \_\_\_\_ If yes. When? \_\_\_\_\_

If your application is considered favourable, when could you begin employment? \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_ Telephone and Cell No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City Province Postal Code

### RECORD OF EDUCATION

Course of studies (Include Major studies)	Circle last year completed	Did you Graduate?	List Diploma(s) or Degree(s)
	1 2 3 4 5	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

**IMPORTANT NOTICE:** Legislation prohibits discrimination in employment practices because of race, colour, ancestry, nationality, place of origin, ethnic origin, religion, creed, sex, sexual orientation, age, handicap or disability, marital status, family status, civil status, source of income, political belief, language, and convictions for which a pardon has been received or which are unrelated to the employment, and any inquiries, verbal or written, which would require an applicant or employee to disclose information about these areas are strictly prohibited. Note: Not all ground are applicable in all provinces and there may be certain additional grounds that are prohibited in single provinces not listed above. If you are uncertain, please consult with legal counsel.

# EMPLOYMENT HISTORY

List below present and past employment, beginning with you most recent

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes  No

Employer II? Yes  No

Employer III? Yes  No

Employer IV? Yes  No

Signed \_\_\_\_\_

