

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)

O APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking time to complete this pplication. Date:								
sition(s) applied forper 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	City Province Postal Code						
RECORD OF EDUCATION								
Course of studies	Circle last	Did you	List Diploma(s) or Degree(s)					
(Include Major studies)	year completed	Graduate?						
	1	□ Yes						
	2	□ No						
	3							
	4							
	5							

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, martial 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

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Name and Address of Company and Type of Business	From		То		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.	Salary			
	IVIO.	11.	IVIO.	11.				
	Des	cribe	the V	Vork y	ou did:			
	\dashv							
Telephone								
II					Weekly			1
Name and Address of Company				From To		Weekly Last	Reason for	Name of
and Type of Business					Starting	Salary	Leaving	Supervisor
	N4-	Yr.	N/a	V.,	Salary			
	Mo.	Yr.	Mo.	Yr.				
	Des	cribe	the V	Vork y	ou did:			
				•				
Telephone								
III								
Name and Address of Company	Fre	om	٦	Ō	Weekly	Weekly Last	Reason for	Name of
and Type of Business					Starting	Salary	Leaving	Supervisor
		Lv		1 1/	Salary			
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
Telephone								
IV								
Name and Address of Company	any From To				Weekly	Weekly Last	Reason for	Name of
and Type of Business					Starting	Salary	Leaving	Supervisor
	N4-	17.		17.	Salary			
	Mo.	Yr.	Mo.	Yr.				
	Describe the Work you did:							
				-				
Telephone								
I hereby give permission to con-	tact th	e em	plove	rs liste	d above cond	erning my prior w	vork experience as ir	ndicated below.
Employer I? Yes No		'				5 71	•	
Employer II? Yes No	_							
Employer III? Yes No								
Employer IV? Yes No								
				:	Signed			

applying? (Do not list any activities denoting race, co	s or qualifications that will be of special benefolour, ancestry, nationality, place of origin, ethnic origin, recivil status, source of income, political belief, language, at.)	eligion, creed, sex, sexual orientation,
PERSONAL REFERENCES (Applicants	are asked not to list relatives or members of the clerg	gy.)
Name and Occupation	Address	Phone Number
·		
Do you have a current Vulnerable Sector Polic	e Reference Check (from within the last year)?	es No
May we telephone you to follow up on this app	lication at home? Yes No	
If yes, what is the best time to call?		
May we telephone you to follow up on this app	lication at work? Yes No	
If yes, what is the best time to call?		
What is your business telephone number?		
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DI EASI	E READ AND SIGN BELOW	
PLEASI	E READ AND SIGN BELOW	
	e on my application are true and coments on this application shall be	
	Signature	of Applicant