



PLEASE PRINT:

PERSONAL DATA

Name, including Initial(s) _____

Current Address _____

Permanent Address _____

City, Province, Postal Code _____

Home Phone No. _____ Cell Phone No. _____

EMPLOYMENT DATA

Position applied for _____ Department _____

Would you work Full-time _____ Part-time _____ Seasonal/Student _____

Specify days and hours if part-time _____

Date available for employment _____

Are you legally entitled to work in Canada? Yes _____ No _____

Do you have a valid drivers licence? Yes _____ No _____

If yes, state class and endorsements _____

EDUCATION

Grade 12 Yes _____ No _____ If not, include highest level completed _____

Post secondary (university, college, technical and Trade)

Institution	Program	Degree/Diploma/	Successful completion	
			Yes	No

			Yes No
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ACQUIRED SKILLS

Competencies/skills: List skills or training that you have acquired that relate directly to the position sought:

EQUIPMENT OPERATED	LENGTH OF EXPERIENCE
COMPUTER SOFTWARE PROGRAMS	
OTHER (First Aid, CPR, WHMIS, etc.)	

ADDITIONAL INFORMATION

(Please provide additional information that you would like to bring to our attention; do not provide information which may indicate race, religion, ethnic background, religious beliefs)

HEALTH

Have you any physical limitations that might interfere with or limit your performance in the job(s) you are applying for? YES _____ NO _____

What functions can you **not perform** and what accommodations could be made which would allow you to do the job adequately?

EMPLOYMENT HISTORY

List all positions you have held, beginning with the most recent position. Should you require more space, please attach a separate sheet to this application. **Resumes are also welcome.**

Employer:	Position:
Date of Employment: From:	To:
Reason for Leaving:	
Name of Supervisor:	
Responsibilities:	

Employer:	Position:
Date of Employment: From:	To:
Reason for Leaving:	
Name of Supervisor:	
Responsibilities:	

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