



FOR OFFICIAL USE ONLY – DO NOT COMPLETE

Weeks		Replacing	
Site		Daily Hours	
Effective Date		Weekly Hours	
Title		Salary	

Temporary pending Policy Council and Board, CARI/CHRI approvals

Employment Application

We consider applicants for all positions without regard towards race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
If you are under 18 years of age, can you provide proof of eligibility to work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for			
Have you ever filed an application with us before? (Applications are current for 35 days)		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, when?
Have you ever been with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
May we contact your employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:
Are you prevented from lawfully becoming employed in this Country because of VISA or immigration status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of citizenship will be required upon employment
Can you travel if a job required it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available to work:	PT Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Diploma
College/ University	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
Graduate/ Professional	Address		
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
Other (CDA, CPR, etc)			

LANGUAGES			
Please indicated any foreign language you can speak, read or write			
Language:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Language:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Language:	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>

PROFESSIONAL ATTRIBUTES
Please list any professional, trade, business or civic activities and offices held. You may exclude membership which reveals gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER
Please describe any job-related training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT EXPERIENCE			
Start with your present or last job; include any job-related military service assignments and volunteer activities. If you need additional space, please use a separate piece of paper.			
Employer		Address	
Telephone	Job Title	Supervisor	
Reason for leaving			
From	To		
Work Performed			

Employer		Address	
Telephone	Job Title	Supervisor	
Reason for leaving			
From	To		
Work Performed			

Employer		Address	
Telephone	Job Title	Supervisor	
Reason for leaving			
From	To		
Work Performed			

SPECIALIZED SKILLS							
Please check all boxes which apply to any specialized skills you may have.							
Microsoft Word	<input type="checkbox"/>	Microsoft Access	<input type="checkbox"/>	Microsoft Outlook	<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Calculator	<input type="checkbox"/>
Other:							

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will nature” which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the “at will” employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date