

DATE RECEIVED

## APPLICATION FOR EMPLOYMENT

ANSWER ALL APPLICABLE QUESTIONS. PLEASE PRINT CLEARLY. THIS APPLICATION WILL REMAIN ON FILE FOR 60 DAYS.

POSITION APPLIED FOR / REFERENCE NUMBER			DATE AVAILABLE	
LAST NAME		GIVEN NAME		TELEPHONE NUMBER
HOME ADDRESS		CITY	PROVINCE	POSTAL CODE
IF PREVIOUSLY EMPLOYED OR EDUCATED UNDER A DIFFERENT NAME, PLEASE STATE NAME		SOCIAL INSURANCE NUMBER		IF UNDER 16, STATE BIRTHDATE
PERSON TO NOTIFY IN CASE OF EMERGENCY NAME		ADDRESS		PHONE NUMBER
LIST ANY HEALTH PROBLEMS WHICH MAY AFFECT PERFORMANCE IN THE POSITION FOR WHICH YOU HAVE APPLIED				
_____				

HAVE YOU WORKED HERE PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY ENTITLED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, IN WHAT POSITION _____			
WHEN? _____			
LANGUAGE		SHIFTS PREFERRED	
ENGLISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		<input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS	
OTHER _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		<input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS	
OTHER _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		TYPE OF EMPLOYMENT DESIRED	
		<input type="checkbox"/> FULL TIME	
		<input type="checkbox"/> PART TIME	
		<input type="checkbox"/> CASUAL	

CIRCLE LAST GRADE SUCCESSFULLY COMPLETED					4	5	6	7	8	9	10	11	12	13
NAME AND LOCATION OF SCHOOL					MAJOR COURSE			YEAR COMPLETED		DEGREE/DIPLOMA				
HIGH SCHOOL														
UNIVERSITY														
OTHER														
PROFESSIONAL REGISTRATION		PROVINCE CURRENTLY REGISTERED		CURRENTLY REGISTRATION NUMBER			DATE LAST REGISTRATION FEE PAID		CPR CERTIFIED		DATE			
									<input type="checkbox"/> YES					
									<input type="checkbox"/> NO					
TYPING SPEED		SHORTHAND SPEED												
WPM		WPM												
GIVE DETAILS OF ANY OTHER COURSES YOU HAVE TAKEN														
_____														
_____														
_____														

# EMPLOYMENT HISTORY

START WITH THE MOST RECENT EMPLOYER

IF NO EMPLOYMENT RECORD, LIST PERSONAL REFERENCES.

EMPLOYER	ADDRESS	CONTACT PH. #	DATE	MO	YR	TO	MO	YR
SALARY	DEPARTMENT & TYPE OF WORK		REASON FOR LEAVING (BE SPECIFIC)					

EMPLOYER	ADDRESS	CONTACT PH. #	DATE	MO	YR	TO	MO	YR
SALARY	DEPARTMENT & TYPE OF WORK		REASON FOR LEAVING (BE SPECIFIC)					

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EMPLOYER	ADDRESS	CONTACT PH. #	DATE	MO	YR	TO	MO	YR
SALARY	DEPARTMENT & TYPE OF WORK		REASON FOR LEAVING (BE SPECIFIC)					

## READ CAREFULLY BEFORE SIGNING

I hereby authorize Concordia Wellness Projects Inc. (CWPI) to check references as I have provided above. I give the CWPI the right to make a thorough Investigation of my previous employment. I understand that withholding or falsification of any information or material facts relevant to the position will be cause for rejection or dismissal. I understand that I will be required to follow the policies and rules of CWPI and that infractions of these may lead to dismissal. I consent to have an employment physical examination and any future physical examinations as required by the CWPI.

**I CERTIFY THAT THE STATEMENTS MADE BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

DATE	APPLICATION'S SIGNATURE
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## APPLICANT EVALUATION (FOR CWPI USE ONLY)

COMMENTS		
INTERVIEW DATE	TIME	INTERVIEWER'S SIGNATURE