



APPLICATION FOR EMPLOYMENT

PERSONAL & CONFIDENTIAL

APPLICANT & POSITION INFORMATION			
NAME Last, First			RESUME ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS Street, City, Province, Postal Code			
PRIMARY TELEPHONE # <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other	SECONDARY PHONE # <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other	ALTERNATE TELEPHONE # <input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> work <input type="checkbox"/> other	
TYPE OF WORK PREFERRED			
1.		2.	
3.			
PREFERENCE FOR (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		WILLING TO WORK (Check all that apply) <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	
DATE AVAILABLE	WAGE REQUESTED	Are you legally eligible to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	Who referred you to Chinook Village?
Have you ever been convicted of a criminal offense, other than a traffic violation, for which a pardon has not been granted? <input type="checkbox"/> YES (If yes, please explain) <input type="checkbox"/> NO		PLEASE NOTE: All successful applicants are required to submit an acceptable Criminal Record Check, including Vulnerable Sector Search, prior to the commencement of their employment at Chinook Village. Only original copies, obtained within the past six months, will be accepted. Any costs incurred in doing so are the responsibility of the applicant.	

EDUCATION & TRAINING					
Please describe secondary, post-secondary and other courses and training which have given you work related knowledge and skills. Start with the highest level achieved.					
NAME OF INSTITUTION OR ORGANIZATION	LOCATION	DATES ATTENDED (From Month/Year To Month/Year)	AREA OF STUDY	GRADE/ CERTIFICATE/ DIPLOMA/ DEGREE OBTAINED	COMPLETED
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL AFFILIATIONS & ASSOCIATIONS	List any active memberships or registrations in a professional or career related organization or society.

EMPLOYMENT HISTORY			Begin with most recent employment.
1. COMPANY NAME		Telephone #	
Location (City / Province)		Type of Business	
Position <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Description of Duties (Include responsibilities, supervisory experience, # of people supervised, etc)		
Wage/Salary			
Employed (Month and Year) From	Reason for Leaving	Immediate Supervisor	
To		Name	
		Title	

2. COMPANY NAME		Telephone #
Location (City / Province)		Type of Business
Position	Description of Duties (Include responsibilities, supervisory experience, # of people supervised, etc)	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Wage/Salary		
Employed (Month and Year) From	Reason for Leaving	Immediate Supervisor
		Name
To		Title

3. COMPANY NAME		Telephone #
Location (City / Province)		Type of Business
Position	Description of Duties (Include responsibilities, supervisory experience, # of people supervised, etc)	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Wage/Salary		
Employed (Month and Year) From	Reason for Leaving	Immediate Supervisor
		Name
To		Title

Circle the number of those employers, listed above, whom you provide consent for Chinook Village to contact regarding your employment history at this time.	1 2 3
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Have you previously been employed by Chinook Village? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate position and dates:
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ADDITIONAL SKILLS / ACHIEVEMENTS	Briefly summarize your knowledge and major skills/ achievements that relate to the position(s) for which you are applying.

REFERENCES			
Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to references identified in the "Employment History" section, you may wish to provide further references.			
NAME	TELEPHONE #	RELATIONSHIP	# OF YEARS KNOWN

APPLICANT SIGNATURE	Please read carefully before authorizing. This application is not valid unless it has been verified by the applicant.
My authorization on this application form is my consent that, as a condition of being considered for employment at Chinook Village, references about my past work performance can be obtained from those employers identified in the "Employment History" section and any additional references provided.	
By placing my name below, I certify that the information provided in this application or attachments/ resume is true and complete. I understand that if any information in this application or attachments/resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am a successful applicant.	
_____	_____
Signature of Applicant	Date (dd/mm/yyyy)