



Employment Application Form

Position applied for: _____

Date available to begin work: _____

Scheduling availability: Shift Work Mornings Afternoons Evenings
 Weekends Holidays

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Phone: _____ E-Mail: _____

Address: _____

Are you legally eligible to work in Canada? Yes No

Have you ever been convicted of a criminal offence for which pardon has not been granted? Yes No

Are you willing to provide a Vulnerable Persons Record Check? Yes No

Are you willing to provide a Intervention Record Check? Yes No

To determine your qualification for employment, please provide below and on the reverse, information about your academic and other achievements including volunteer work, as well as employment history. Attach any additional information on a separate sheet.

EDUCATION

Highest Educational Level Completed: _____

Have you attended a College or University? Yes No

Currently Enrolled? Yes No

Name of Program: _____

Length of Program: _____

License, degree, certificate or diploma awarded? Yes No

Please list: _____



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WORK RELATED SKILLS

Describe any work-related skills, experience or training that relates to the applied position:

EMPLOYMENT

Employer Name (Current or Most Recent): _____

Position: _____ Supervisor: _____

Employed From: _____ To: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

Are we permitted to contact? Yes No

Employer Name (Previous): _____

Position: _____ Supervisor: _____

Employed From: _____ To: _____

Reason for Leaving: _____

Duties and Responsibilities: _____

Are we permitted to contact? Yes No



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What is your interest in Residents in Recovery? _____

Do you have any experience with addiction? Yes No What are your thoughts on addicted individuals?

Are you comfortable working with children? Yes No Share your experience working with children?

Do you have anything else to share with us: _____

Have you attached a resume? Yes No

DECLARATION AND ACKNOWLEDGEMENT

I hereby declare that the above information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature: _____

Date: _____