

**ST. LEONARD'S COMMUNITY SERVICES**

**Function:** Human Resources  
**Policy:** Appendix 1A – Application for Employment  
**CMHO Standard(s):**  
**Approved:** January 2009 Page 1 of 3



**Challenge. Choices. Change.**

**Appendix 1A**

**APPLICATION FOR EMPLOYMENT**

**A. PERSONAL DATA**

1. Family Name \_\_\_\_\_ First Name & Initials \_\_\_\_\_
2. Telephone Number – Home \_\_\_\_\_ Other \_\_\_\_\_
3. Place of Residence \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Are You Legally Entitled to Work in Canada?     Yes     No

**B. EMPLOYMENT DESIRED**

1. Position Applied For \_\_\_\_\_
2. Department / Residence Preferred \_\_\_\_\_
3. Shift Desired     Permanent     Full time     Days     Evenings  
                           Temporary     Part time     Nights     Shifts
4. Give Date Able to Start \_\_\_\_\_

**C. QUALIFICATIONS**

1. Indicate Highest Level of Education Completed \_\_\_\_\_  
\_\_\_\_\_
2. Degrees / Diplomas \_\_\_\_\_
3. Other Training Courses Completed \_\_\_\_\_

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**D. WORK HISTORY**

1. Name of Present / Most Recent Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Job Title & Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Period Worked Started \_\_\_\_\_ Finished \_\_\_\_\_
  
2. Name of Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Job Title & Work Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Period Worked Started \_\_\_\_\_ Finished \_\_\_\_\_

**E. REFERENCES**

Name three persons who know your work and to whom we may refer in confidence:

<b>NAME</b> Duration & Relationship	<b>Position / Title / Organization</b>	<b>Address &amp; Telephone</b>

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May we contact your previous employer?  Yes  No

Have you attached additional information?  Yes  No

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I HEREBY DECLARE THAT THE FOREGOING 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 \_\_\_\_\_  
\_\_\_\_\_