

## Application for Employment

Instructions: If completing this application by hand, please print. Only those individuals considered for an interview will be contacted. You will be required to provide a resume if contacted for an interview.

	First Name	Middle Initial	Last Name
<b>Address:</b>	_____	_____	<b>Apt. #:</b> _____
<b>City:</b>	_____	<b>Province:</b> _____	<b>Postal Code:</b> _____
<b>Home #:</b>	_____		<b>Cell #:</b> _____
<b>Email:</b>	_____		

Position Applied For: \_\_\_\_\_

How did you learn of this opening at CHIRS?

When are you available to work?       Full-time                       Regular Part-time/Weekends                       Overnights

Shifts (Required for Full-time RF)

Are there any limits to your availability?

Have you worked for CHIRS before?       Yes       No

If yes, when and in what capacity?

Date available to begin work: \_\_\_\_\_

Are you legally entitled to work in Canada?                       Yes                       No

Have you ever been convicted of a criminal offence for which you have not received a record suspension?                       Yes                       No

If the position for which you are applying requires a driver's licence, do you currently possess a valid G Class Ontario Driver's Licence in good standing?                       Yes                       No

Do you have valid vehicle insurance with at least \$1 million liability coverage and have you been an insured driver for a minimum of 3 years?                       Yes                       No



**EDUCATION / TRAINING**

**Secondary School**

Name of Program \_\_\_\_\_

Highest Grade/Level Completed \_\_\_\_\_

Title of Degree/Diploma \_\_\_\_\_

**College/University Name of Institution:**

Name of Program \_\_\_\_\_

Highest Grade/Level Completed \_\_\_\_\_

Title of Degree/Diploma \_\_\_\_\_

**Graduate/Professional**

Name of Program \_\_\_\_\_

Highest Grade/Level Completed \_\_\_\_\_

Title of Degree/Diploma \_\_\_\_\_

Describe any specialized training, courses, apprenticeship skills and/or extra-curricular activities:

[Large shaded area for describing specialized training, courses, apprenticeship skills and/or extra-curricular activities.]

**PRIOR EMPLOYMENT HISTORY**

List in order, last or present employer first.

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary/Wage: Start \_\_\_\_\_ Finish \_\_\_\_\_

Describe in detail the work you performed:  
[Large shaded area for describing work performed.]



**PRIOR EMPLOYMENT HISTORY (Cont.)**

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary/Wage: Start \_\_\_\_\_ Finish \_\_\_\_\_

Describe in detail the work you performed:

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary/Wage: Start \_\_\_\_\_ Finish \_\_\_\_\_

Describe in detail the work you performed:



**PRIOR EMPLOYMENT HISTORY (Cont.)**

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary/Wage: Start \_\_\_\_\_ Finish \_\_\_\_\_

Describe in detail the work you performed:

If additional space is required for a prior work history, you may attach a page providing only the information requested.

Occasionally, a standardized application form makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our agency, please use the space below to summarize any additional information necessary to describe your full qualifications.

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

PLEASE READ CAREFULLY

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.

I understand that, following a written offer of employment from CHIRS, I will be required to satisfactorily complete a pre-employment medical examination to demonstrate that I can safely and satisfactorily perform the duties of the position for which I am applying.

It is understood that, as a condition of employment, I will be required to sign a Confidentiality Agreement.

I hereby authorize CHIRS, or a firm retained by them, to verify the information on this Application and to conduct any other investigation relevant to my candidacy for employment at CHIRS.

As I am applying for employment, CHIRS has my permission to use the information contained in this Application as part of their review process.

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**Print Your Name**

**Signature**

**Date**

Thank you for completing this application and for your interest in employment with CHIRS.