



Muskoka Family Focus and Children's Place APPLICATION FOR EMPLOYMENT

Position being applied for

Date available to begin work

Preferred Location(s)

PERSONAL DATA

Last Name

Given Name(s)

Street Address

Apt. No.

City

Postal Code

Home Phone Number

Other Phone Number(s)

e-mail Address

Are you legally eligible to work in Canada? Yes No

Are you 18 years or more? Yes No

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet. (When completing this application, please exclude references to any organization which could indicate race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, gender, sexual orientation, age, record of offences, marital status, same-sex partnership status, family status and handicap.)

EDUCATION

SECONDARY SCHOOL **BUSINESS OR TRADE SCHOOL**

Highest grade or level completed

Name of program

Length of program

Diploma, certificate or license awarded? Type:

Yes No Honours

COMMUNITY COLLEGE **UNIVERSITY**

Major subject

Name of Program

Length of Program

Degree, diploma or certificate awarded? Type:

Yes No Honours

Other courses, workshops, seminars

Licenses, Certificates, Degrees

WORK RELATED SKILLS Describe any of your work related skills, experience, or training that relate to the position being applied for. (Attach a separate sheet if more space is required)

EMPLOYMENT**Name of Present /Last Employer**

Job Title

Period of Employment (include leaves of absence related to maternity / parental leave, Workers' Compensation claims, handicap/disability or human rights complaints)

From _____ To _____ Salary _____

Name of Supervisor

Telephone

Type of Business

Reason for Leaving (do not include leaves of absence related to maternity / parental leave, Workers' Compensation claims, handicap/disability or human rights complaints)

Functions/Responsibilities

Name of Previous Employer

Job Title

Period of Employment (include leaves of absence related to maternity / parental leave, Workers' Compensation claims, handicap/disability or human rights complaints)

From _____ To _____ Salary _____

Name of Supervisor

Telephone

Type of Business

Reason for Leaving (do not include leaves of absence related to maternity / parental leave, Workers' Compensation claims, handicap/disability or human rights complaints)

Functions/Responsibilities

For employment references we may approach

Please list any other references here

Your present/last employer? Yes NoYour former employer(s)? Yes No

Have you attached an additional sheet(s)?

Yes No

Signature

Date

OTHER INFORMATION**PERSONAL INTERESTS AND ACTIVITIES** (civic, athletic etc.)

I hereby declare that the information in this application package is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. I give permission to contact references if I am still being considered for employment after the interview process is complete.