

**P. O. Box 1000
Clinton, ON. NoM 1Lo**



**Telephone: (519) 482-7800
Fax: (519) 482-1236**

E-Mail: daycentres@mwads.org

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to age, race, colour, creed or religion, ancestry, origin, sex, sexual orientation, Marital status, family status, record of offences, handicap, or other protected status.

PERSONAL DATA

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Address</i>		
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<i>Home Telephone Number</i> Area Code ()	<i>Business Telephone Number</i> Area Code ()	
<i>Have you worked here before? If Yes, When?</i>	<i>Are you employed now?</i>	<i>If hired, when can you start work?</i>
<i>Are you legally eligible to work in Canada?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Are you bondable? (Answer only if relevant to job applied for)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Do you have a reliable means of transportation to get to work?</i>	<i>Do you want to work?</i> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
<i>What types of work are you interested in doing?</i>		

EDUCATION DATA	ELEMENTARY SCHOOL	SECONDARY SCHOOL	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL
<i>Name of School</i>				
<i>Year Completed</i>	4 5 6 7 8	9 10 11 12 13	1 2 3 4 5	1 2 3 4 5
<i>Certificates, Diplomas, Degrees Obtained</i>				
<i>Course of Study</i>				
<i>List Any Specialized Training, Apprentice Skills, Awards, Professional Designations, and Other Education</i>				

Any Personal Identifying Information collected on this form will be used only during the applicant review process.

APPLICATION FOR EMPLOYMENT (continued)

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

Present or last employer		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Previous employer		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Reference		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Reference		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Reference		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
May we contact your present employer for reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE READ CAREFULLY

The foregoing information is correct to the best of my knowledge.
 I understand that any misrepresentation shall disqualify me from employment or be cause for my dismissal.
 If hired, I agree to abide by all rules and regulations of Midwestern Adult Day Services.

Applicant Signature _____ **Date** _____