



## Barry's Bay & Area Senior Citizens Home Support Services

155 Queen Street P.O. Box 119, Killaloe ON K0J 2A0

613-756-2772/(Fax) 613-757-1659

### APPLICATION FOR EMPLOYMENT

Position being applied for: \_\_\_\_\_

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

#### PERSONAL DATA

Last name \_\_\_\_\_ Given names \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt/POB/RR Home telephone #

City/town Province Postal Code Business telephone #

Are you legally eligible to work in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_

To determine your qualification 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 of a separate sheet.

#### Education

Secondary School \_\_\_\_\_ Grade completed \_\_\_\_\_

Type of Certificate or Diploma obtained \_\_\_\_\_

Business, Trade or Technical School \_\_\_\_\_

License, Certificate or Diploma awarded \_\_\_\_\_

Community College \_\_\_\_\_

Certificate or Diploma awarded \_\_\_\_\_

University \_\_\_\_\_

Degree awarded \_\_\_\_\_

Other Courses, Workshops, Seminars \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT**

Name and address of present/last employer \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Job title

Period of employment

Salary

Name of supervisor

Telephone number

Duties/responsibilities

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

Name and address of previous employer \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Job title

Period of employment

Salary

Name of supervisor

Telephone number

Duties/responsibilities

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name and address of previous employer \_\_\_\_\_

\_\_\_\_\_

Job title \_\_\_\_\_ Period of employment \_\_\_\_\_

Salary \_\_\_\_\_ Name of supervisor \_\_\_\_\_ Telephone number \_\_\_\_\_

Duties/responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**ACTIVITIES (CIVIC, ATHLETIC, VOLUNTEER)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resume attached: yes \_\_\_ no \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL EMPLOYEES ARE REQUIRED  
TO PROVIDE A CLEAR VULNERABLE SECTOR CHECK**