

SIoux LOOKOUT MENO YA WIN HEALTH CENTRE

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

Position Applying For:	Today's Date
Are you seeking: Full Time ___ Part Time ___ Temporary or Summer employment? ___	When are you available for employment?

PERSONAL DATA

Name Last First Middle	Home Telephone No.
Street Address Apt No.	
Mailing Address (if different from above) City Province Postal Code	Business Telephone No.

Are eligible to work in Canada? Yes ___ No ___ Are you between 18 and 65 years of age? Yes ___ No ___

To determine your qualification for employment, please complete the following, information to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

RECORD OF EDUCATION

	School & Course of Study	Circle last year completed				Did you graduate	List diploma or Degree
		1	2	3	4		
High		I	2	3	4	Yes ___	
					5	No ___	
College		1	2	3	4	Yes ___	
						No ___	
University		1	2	3	4	Yes ___	
						No ___	
Other (Specify)		I	2	3	4	Yes ___	
						No ___	

Are there any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying?

EMPLOYMENT HISTORY (List below all present and past employment, beginning with your most recent)

1. Name and Address of Company and Type of Business	From		TO		Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							

Date:

2. Name and Address of Company and Type of Business	From		TO		Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							

3. Name and Address of Company and Type of Business	From		TO		Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Telephone							

REFERENCES

Name and Occupation	Address	Phone Number

RELEASE OF INFORMATION AUTHORIZATION

I authorize all previous employers to furnish the Sioux Lookout Meno Ya Win Health Centre with my previous employment record, reasons for leaving and other information they may have concerning me, and I hereby release the person/agency giving the reference and information, from any claim or liability for any damage whatsoever, which I could or might claim because of such disclosure. I also agree to investigation of all statements made in this application.

Name (Please Print): _____ Signature of Applicant: _____

Would a former employer know you under another name? No Yes (Please Print): _____

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement would disqualify me from employment or cause my dismissal. I agree to abide by all policies, employment conditions, rules and regulations at the Sioux Lookout Meno Ya Win Health Centre should I be the successful candidate.

Signature: _____ Date: _____