

Employment Application



Personal Information

Position(s) Applied for:		Date:
Last Name:		First Name:
Address: Street No & Name:	City	Province & Postal Code
Telephone No: Residence	Work	Cell or Message Number

Desired Employment

Full-Time Part-Time Casual

Eligibility to Work in Canada

Are you legally authorized to work in Canada? (Ex: citizen, permanent resident, valid work permit)

Yes No

If you have a valid work permit that allows you to work for any employer in Canada, is it employer-specific or open?

Education and Training

School/Institution:	Location:	Course/Program/Major Field	Did you Graduate?		Credits Diploma/Degree Attained	Year Graduated
			Yes	No		
Last Secondary/High School:						
Vocational/Trade School:						

Post Graduate:						
Other Certificates, Licenses, Apprenticeship, programs or additional related courses:						

Employment History (begin with your present or most recent position)

Dates: From	To:	Duties Performed:
Company Name		
Address:		
Position Held:		
Permission to contact your direct Supervisor/Manager at this Employer?		Yes No
If no, please explain:		
Supervisor/Manager's name for reference purposes:		Position:
Phone Number:		
Reason for Leaving:		

Dates: From	To:	Duties Performed:
Company Name		
Address:		
Position Held:		
Permission to contact your direct Supervisor/Manager at this Employer?		Yes No
If no, please explain:		
Supervisor/Manager's name for reference purposes:		Position:
Phone Number:		
Reason for Leaving:		

Dates: From	To:	Duties Performed:
Company Name		
Address:		
Position Held:		
Permission to contact your direct Supervisor/Manager at this Employer?		Yes No
If no, please explain:		
Supervisor/Manager's name for reference purposes:		Position:
Phone Number:		
Reason for Leaving:		

General Information

Pertaining to employment history, career objectives or relevant interests and experience. (Completion of this section is very helpful in assisting us to assess your qualifications) In addition, the spaces below can be used to highlight any **additional information** which you feel is directly related to the position for which you are applying.

Freedom of Information Protection of Privacy

Robson Valley Community Services complies with the legislation in the Province of British Columbia. The information collected on this application will be used to determine legal work eligibility for employment with Robson Valley Community Services.

Read Carefully Before Signing

I certify agree and understand that all information supplied on this application is true and I understand that any untrue statements will be grounds for termination of my employment at any time during my employment. In connection with this application, I authorize all organizations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and government departments, current and former employers to release information they have about me and release them from any liability from doing so. I accept the purpose of the information gathering is to determine my suitability for employment. I further understand that appointment is dependent upon:

- (a) Successful completion of a probationary period, if applicable,
- (b) Passing applicable testing, where required,
- (c) Contacting my previous employers to obtain satisfactory reference checks.

Signature:

Signature of the Person Submitting this Form

Name:

Name of the Person Submitting this Form (print)

Date of Signature:

MM DD YY