

St. Michael's Centre

7451 Sussex Avenue, Burnaby, BC, V5J 5C2
Phone: (604) 434-1323
Fax: (604) 434-6469

Date: _____

APPLICATION FOR EMPLOYMENT

Applications will be kept on file for one year. Only short listed applicants will be contacted.

TYPE OF WORK

Position desired: _____	Alternate position: _____
Date available: _____	Nature of work desired: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/>
Are you willing to work shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	What shifts are you available for? _____

PERSONAL INFORMATION

Mr. Mrs. Ms. (circle one)
Name: _____ First name Middle name Last name
Home phone: _____ Cell phone: _____ Alternate phone: _____
Address: _____ Apt./Suite# House# Street name City Postal code
Additional information: At the time a job offer is made to you, the following information is required for employment purposes. If you wish, you may choose to complete this section now or wait until you have received an offer of employment.
Maiden name: _____ Date of birth: _____ Social insurance number: _____ Year/Month/Day
In the event of an emergency please contact:
Name: _____
Home phone: _____ Business phone: _____ Cell phone: _____
Relationship of this person to you: _____

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Include all additional training, courses, night school or correspondence courses taken or presently being taken.			
School name & address:	Dates attended (from/to):	Name of certificate, diploma, degree received:	Date of completion (if not, please explain):

EMPLOYMENT HISTORY

1. Name of employer: _____ Type of business: _____
Address: _____ Phone: _____
Position occupied: _____ Rate of pay: \$ _____ per _____
Dates of employment from: _____ to: _____ Reason for leaving: _____
Describe work and responsibilities:
.....
.....

2. Name of employer: _____ Type of business: _____
Address: _____ Phone: _____
Position occupied: _____ Rate of pay: \$ _____ per _____
Dates of employment from: _____ to: _____ Reason for leaving: _____
Describe work and responsibilities:
.....
.....

3. Name of employer: _____ Type of business: _____
Address: _____ Phone: _____
Position occupied: _____ Rate of pay: \$ _____ per _____
Dates of employment from: _____ to: _____ Reason for leaving: _____
Describe work and responsibilities:
.....
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CONDITIONS OF EMPLOYMENT

All employment appointments are subject to proof of successful completion of the tuberculosis screening test with negative results within the previous twelve months.

You must be able to speak, understand, read and write English at a functional level.

Information omitted or incorrectly stated above may be cause for dismissal once known by the Centre.

Signature of applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This is to authorize you to release information to St. Michael's Centre (by telephone or letter) regarding my past and present employment, education, income, work performance and any other pertinent information as requested.

Signature of applicant: _____ Date: _____