



## APPLICATION FOR EMPLOYMENT

**Personal Data** (Applicants must be a minimum of 16 years of age to apply)

Position being applied for:	Would you accept: Full Time _____
	Part Time _____ Seasonal _____

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Business: ( ) \_\_\_\_\_

Are you legally eligible to work in Canada?  Yes  No  
 (If "Yes" proof required upon offer of employment)

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

	All Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Languages	Spoken	Written
Morning									French		
Afternoon									English		
Evening									Other (specify)		
Night											

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including employment history as well as voluntary work.

Education – (Last School Attended)	
Public School <input type="checkbox"/>	High School <input type="checkbox"/>
College <input type="checkbox"/>	University <input type="checkbox"/>
Other <input type="checkbox"/>	Explain: _____
Name of School _____	Grade completed _____ Year Completed: _____
_____	or Degree Received: _____ Month Year

Other courses, workshops, seminars, volunteer work	Licenses, Certificates, Degrees
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<b>Work Related Skills/Previous Employment (Beginning with present/last employer)</b>		
Name and Address of present/last employer	Present/last job title	Period of employment From:                      To:
	Name of Supervisor	Telephone (    )
	Final Salary	May we approach for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business	Reason for leaving	
Duties/Responsibilities		
Name and Address of previous employer	Previous job title	Period of employment From:                      To:
	Name of Supervisor	Telephone (    )
	Final Salary	May we approach for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business	Reason for leaving	
Duties/Responsibilities		

I hereby declare that the information contained in this Application for Employment is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or may cause my dismissal for cause.

I hereby consent to the collection, use and disclosure of the information provided in this Application for Employment for the purposes of verifying any such information whether to hire me.

I hereby authorize Crossroads Hospice Society ("Crossroads") and/or a firm retained by Crossroads to use and/or disclose the information mentioned in this Application for Employment for verifying any such information.

I hereby authorize Crossroads and/or a firm retained by Sears to collect my personal information and/or conduct any investigation relevant to my application for the purposes of Crossroads's determination with respect to my application for employment.

I acknowledge and consent to this investigation being carried out by telephone or in writing with others at educational institutions, former employers, or my current employer, who are all hereby authorized to disclose the information to Crossroads.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Have you attached an additional sheet/resume?

Yes                       No