

APPLICATION FOR EMPLOYMENT



POSITION/WORK DESIRED

Position/Title: _____

Employment Status: Full Time Part time/Casual Temporary

Date available to begin work: _____

Please note that a valid Criminal Record check (within last 6 months) as well as a valid Drivers Abstract must be submitted prior to offer of employment.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Present Address: _____

Home Phone: _____ Alternate Phone: _____

Are you legally eligible to work in Canada? Yes No

Are you over the age of 16? Yes No

Are you willing to supply your immunization record? Yes No

Are you willing to accept immunization? Yes No

Do you have a disability or medical condition that will affect your ability to perform any of the functions of the work for which you are applying? Yes No

EMPLOYMENT HISTORY

Name of Current Employer (or most recent if not currently employed): _____

Position Held: _____

Start Date: _____ End Date: _____

Employment Status: Full Time Part time/Casual Temporary

Name and Position of Immediate Supervisor: _____

Phone Number of Immediate Supervisor: _____

Is your current employer aware of this application: Yes No

Description of Duties: _____

Reason for Leaving: _____

Name of Second Last Employer: _____

Position Held: _____

Start Date: _____ End Date: _____

Employment Status: Full Time Part time/Casual Temporary

Name and Position of Immediate Supervisor: _____

Phone Number of Immediate Supervisor: _____

Is your current employer aware of this application: Yes No

Description of Duties: _____

Reason for Leaving: _____

Name of Third Last Employer: _____

Position Held: _____

Start Date: _____ End Date: _____

Employment Status: Full Time ___ Part time/Casual ___ Temporary ___

Name and Position of Immediate Supervisor: _____

Phone Number of Immediate Supervisor: _____

Is your current employer aware of this application: Yes ___ No ___

Description of Duties: _____

Reason for Leaving: _____

May we contact any or all of the Supervisor/Employees listed above? Yes ___ No ___

If not, indicate which one(s) you do not wish us to contact: _____

Do you require notice prior to contacting your references? Yes ___ No ___

May we contact references other than those you have provided? Yes ___ No ___

By signing below, I, the applicant give Spiritwood-Big River Ambulance the authority to discuss any/all information pertaining to my work history with my previous and/or current employers as detailed above. A copy of this authorization shall be as valid as the original.

Date: _____

Name (Please Print): _____

Signature of Applicant: _____

REFERENCES

Please provide at least 2 employment related references; do not include relatives.

Name:	Occupation:
Address:	Phone Number:
Relationship to Applicant:	

Name:	Occupation:
Address:	Phone Number:
Relationship to Applicant:	

Name:	Occupation:
Address:	Phone Number:
Relationship to Applicant:	

STATEMENT BY APPLICANT

I certify that the facts set forth in this employment application are complete and true. I further understand and agree that any omission, false or misleading statement may disqualify me from employment or result in dismissal from employment. A photographic copy of this authorization shall serve as valid as the original.

Date: _____

Signature of Applicant: _____