

501 Eighth Ave. S.  
Kenora, ON  
P9N 3Z9

Phone: 807-467-5225  
Fax 807-467-5247

Website: www.kacl.ca

## APPLICATION FOR EMPLOYMENT

Position Applied For:	Date Available to Start:
Name and Mailing Address:	Phone and Fax Numbers:

Do you have a valid driver's license?	Yes _____	No _____	Ontario Class _____
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Note: A valid driver's license and access to a vehicle are a requirement of employment

Have you ever been convicted of a criminal offense for which you have not been granted a pardon? Yes _____ No _____
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Are you legally eligible to work in Canada? Yes _____ No _____
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What type of work are you looking for? Full Time _____ Part Time _____
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What hours/days are you not available to work?
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### FORMAL EDUCATION AND TRAINING

Please Fill Out Where Applicable

Academic Level	Academic Institution	Area of Study	Length of Course	Diploma/Degree Completed
Secondary School		N/A	N/A	
College				
University				
Graduate School				

Please list major courses, certificates, diplomas, degrees, licenses, etc., relevant to the job being applied for.

**SKILLS AND EXPERIENCE**

What specific skills, abilities, and know-how do you think the job requires?

If you think you have some or all of the required skills for the job, describe how you have acquired these skills? Please include any workshops, volunteer work, hobbies, as well as any directly related work experience.

**WORK EXPERIENCE**

Please list your jobs in chronological order, beginning with the most recent.

Employer's name and address:	Your Job Title: _____ Salary: _____ Duties:
Employed From: _____ To: _____	Supervisor's name: _____ Phone: _____
Type of organization:	Reason for leaving:
May we contact? Yes _____ No _____	If no, why not?

Employer's name and address:	Your Job Title: _____ Salary: _____ Duties:
Employed From: _____ To: _____	Supervisor's name: _____ Phone: _____
Type of organization:	Reason for leaving:
May we contact? Yes _____ No _____	If no, why not?

Employer's name and address:	Your Job Title: _____ Salary: _____ Duties:
Employed From: _____ To: _____	Supervisor's name: _____ Phone: _____
Type of organization:	Reason for leaving:
May we contact? Yes _____ No _____	If no, why not?

**REFERENCES**

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

**DECLARATION**

I hereby declare that the foregoing information is true and complete to my knowledge.

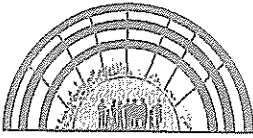
I understand that a false statement may disqualify me from employment or cause my dismissal.

I understand that reference checks will be made, and I agree to these, except as noted, provided the information is kept in confidence.

I understand that it is a requirement of the job to meet certain physical demands such as assisting assigned persons with lifts and transfers.

I understand that I may be required to enroll for certain benefits as a condition of employment and may be required to pay all or part of the cost of premiums.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



KENORA ASSOCIATION *for* COMMUNITY LIVING

501 8<sup>th</sup> Avenue South

Kenora, ON P9N 3Z9

Fax: 807-467-5247

I, \_\_\_\_\_ hereby authorize my references, as submitted, to release information pertinent to my employment, either in verbal or written form, to the Kenora Association for Community Living.

I also authorize the Kenora Association for Community Living to make discreet inquiries with respect to my suitability and qualifications for employment with the Kenora Association for Community Living.

I hereby release Kenora Association for Community Living and the above persons or agencies from any claim or liability for any damage whatsoever which might be claimed because of such disclosure.

Signature \_\_\_\_\_

Date \_\_\_\_\_