

Saddleridge Daycare Employment

Application for Employment

Position being applied for: _____ Date available to begin work: _____

A. PERSONAL DATA

Name: _____ Date of Birth: _____
 First Middle Last Day Month Year

Social Insurance Number:

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 Phone (H): (____) _____

Phone (W): (____) _____ Phone (C): (____) _____

Address: _____ Postal Code: _____

Email address: _____

Expected salary without wage top up: _____ Are you legally eligible to work in Canada? Yes No

B. EDUCATION

High School

High School Attended: _____

Highest grade or level completed: _____ Type of diploma received: _____

Country education obtained in: Canada Other: _____

Business, Trade or Technical School

School Attended: _____ License, diploma or certificate awarded? Yes No

Please specify the name of license(s), diploma(s) or certificate(s): _____

Name of Course: _____ Length of Course: _____

Country education obtained in: Canada Other: _____

Community College

College Attended: _____ License, diploma or certificate awarded? Yes No

Please specify the name of license(s), diploma(s) or certificate(s): _____

Name of Program: _____ Length of Program: _____

Country education obtained in: Canada Other: _____

University

University Attended: _____ License, degree or certificate awarded? Yes No

Please specify the name of license(s), degree(s) or certificate(s): _____

Name of Program or Major: _____ Length of Program: _____

Country education obtained in: Canada Other: _____

Work related skills (describe any of your work related skills, experience, or training that related to the position being applied for) _____

C. EMPLOYMENT HISTORY

1. Job Title: _____ Period of Employment from: _____ to _____

Duties and Responsibilities: _____

Salary: _____ Name of Supervisor: _____ Reason for Leaving: _____

Job Address: _____ Workplace Phone Number: (____) _____

2. Job Title: _____ Period of Employment from: _____ to _____

Duties and Responsibilities: _____

Salary: _____ Name of Supervisor: _____ Reason for Leaving: _____

Job Address: _____ Workplace Phone Number: (____) _____

3. Job Title: _____ Period of Employment from: _____ to _____

Duties and Responsibilities: _____

Salary: _____ Name of Supervisor: _____ Reason for Leaving: _____

Job Address: _____ Workplace Phone Number: (____) _____

For employment references, please note that we may approach your present/last/former employer(s).

I have been made aware and acknowledge that Saddleridge Daycare may choose to approach my present/last/former employer(s) for employment references.

D. PERSONAL REFERENCES

1. Name: _____ Address: _____ Phone: (____) _____

Known for how long? _____ Relation to you: _____

2. Name: _____ Address: _____ Phone: (____) _____

Known for how long? _____ Relation to you: _____

3. Name: _____ Address: _____ Phone: (____) _____

Known for how long? _____ Relation to you: _____

What else would you like us to know about you? _____

Have you attached an additional sheet? Yes No

I hereby declare that all the foregoing information provided above is accurate and complete to the best of my knowledge. I acknowledge that any false statement made herein may result in disqualification from employment consideration or termination of employment if discovered before or after hire.

Employee's Full Signature

Director's Signature

Today's Date