



EMPLOYMENT APPLICATION

<p>Instructions:</p> <p>Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position. A separate application is required for each position/competition. Applications must be received at the appropriate closing location by the date indicated in the advertisement.</p> <p>An electronic version of this form is available at www.uniroke.com</p> <p>The personal information requested on this form is collected and managed as per applicable Privacy Legislation.</p> <p>All information to us will be considered as supplied in confidence.</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>DATE RECEIVED (YYYY / MM / DD)</p>
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POSITION INFORMATION

LOCATION	POSITION TITLE	START DATE (YYYY/ MM/ DD)	DATE OF APPLICATION (YYYY / MM / DD)
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<p>FOR GENERAL APPLICATION Indicate (✓) the type of employment you are requesting</p>	<p>PERMANENT <input type="checkbox"/></p> <p>TEMPORARY <input type="checkbox"/></p>	<p>Full Time <input type="checkbox"/></p> <p>Part Time <input type="checkbox"/></p>	<p>TYPE(S) OF POSITION – please describe</p>
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	RESIDENCE TELEPHONE NO.
			MOBILE TELEPHONE NO.
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE

<p>LEGAL STATUS TO WORK IN CANADA – documentation may be required (✓)</p> <p><input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT</p> <p><input type="checkbox"/> WORK PERMIT <input type="checkbox"/> OTHER – please specify:</p>		<p>E-MAIL ADDRESS</p>
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EDUCATION & TRAINING

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED (✓)	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional or career related organization or society.



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WORK HISTORY

Have you previously been employed by Uniroppe? (✓) <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, indicate: LOCATION	DATE (YYYY/MM/DD)
		TO

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION	FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
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SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED- If applicable
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DUTIES AND SKILLS

EMPLOYER AND LOCATION	FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
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SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED- If applicable
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DUTIES AND SKILLS

EMPLOYER AND LOCATION	FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
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SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED- If applicable
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DUTIES AND SKILLS

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.



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DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license.	List any restrictions / endorsement definitions on license.	If required, do you have access to a vehicle? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO.OF YEARS KNOWN

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at (Company Name), references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

X	DATE SIGNED (YYYY / MM / DD)
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SIGNATURE (If applying electronically please type your name as authorization)

[CLICK HERE TO ATTACH RESUME](#)

[CLICK HERE TO SUBMIT APPLICATION](#)

FOR OFFICE USE ONLY

HIRING NOTES

THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

MARITAL STATUS (✓) SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	IN CASE OF EMERGENCY NOTIFY: NAME		
	ADDRESS		PHONE NO.
DATE OF BIRTH (YYYY/MM/DD)	FAMILY DOCTOR		SOCIAL INSURANCE NUMBER

DATE HIRED (YYYY/MM/DD)	DEPARTMENT	STARTING RATE	REG. HOURS	POSITION	DATE EMPLOYMENT COMMENCED (YYYY/MM/DD)
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