

EMPLOYMENT APPLICATION



Note: Please attach resume, if available.

Date	Last Name	First Name	Middle Name(s)
Address	City	Province	Postal Code
Email Address	Daytime Telephone ()	Evening Telephone ()	Cellular Telephone ()
Position applied for		Expected salary range	
Type of work desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract/Term <input type="checkbox"/> Summer		Location preferred	When are you available?
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Type	Name and Address of Educational Institution(s) attended	Major or Specialty	Certificate or Degree Obtained
High School			
Business or Technical School			
Post-Secondary/ University			
Other Education			
Courses currently enrolled in (if applicable)			
Qualified occupations and/or trades (if applicable)			
Special Skills	Languages you speak fluently		
Computer Skills	Keyboarding Speed /wpm	Shorthand Speed /wpm	

PERSONAL DATA

Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offence for which a pardon has <i>not</i> been granted? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Memberships/Associations ²	

1. Yes to any of above questions will not automatically result in exclusion from employment. The position requirements and the circumstances related to the charge will be considered.

2. When completing this section, applicants are advised not to list organizations that may provide information prohibited under The Human Rights Code.

EMPLOYMENT HISTORY (State current or most recent employer first.)

Company		Position	Supervisor
Address			Phone Number
From	To	Duties	
Reason(s) For Leaving		May we contact this employer? (If no, give reasons) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company		Position	Supervisor
Address			Phone Number
From	To	Duties	
Reason(s) For Leaving		May we contact this employer? (If no, give reasons) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional employment (dates, company, position, duties)

ADDITIONAL REFERENCES (Note: Please list employment, volunteer, and educational references only.)

Name	Reference Type (employment, volunteer, education)	Relationship	Telephone Number

EMPLOYMENT EQUITY SELF-DECLARATION (Optional)

Women, Aboriginal persons, visible minorities, and persons with disabilities are invited to voluntarily identify. The information provided will be kept confidential and may be used for statistical analysis/reporting. Please check **all** that apply:

- 1) **Women**
- 2) **Aboriginal** (Person of North American Aboriginal ancestry including First Nations (status and non-status), Métis, or Inuit)
- 3) **Visible Minority** (Person other than North American Aboriginal ancestry, who because of their race are a visible minority)
- 4) **Person with a disability** (Person who has a long-term or recurring impairment and who consider themselves or believe an employer or potential employer is likely to consider them to be disadvantaged in employment by reasons of that impairment, and/or a person whose functional limitations owing to their impairment has a need to be accommodated in their current job or workplace.)

In your opinion, will this disability impact your ability to perform the job applied for?

Yes No Prefer to discuss

What workplace accommodation is required, if any? _____

- I hereby certify that the information on this document and the resume attached (if attached) is true, complete and correct to the best of my knowledge and belief. I understand that any false statements or the withholding of any relevant information may provide grounds for rejection of this application, withdrawal of any offer of employment, or may be cause for termination of employment if employed.
- I understand that my employment is conditional upon any Bond Application which I am required by the Company to make, being approved by the bonding company, and on my continued acceptability to Company's bonding company.
- As a Credit Union employee, I understand that I am in a position of trust with respect to the Members' money and my credit rating is relevant to the nature of my job. I consent to the Credit Union performing a personal investigation (credit bureau enquiry) and/or reference checks.

Signature: _____ Date: _____