



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE OF WORK DESIRED	POSITION APPLIED FOR		DATE AVAILABLE TO WORK		SALARY DESIRED	
	AVAILABLE FOR SHIFT		YES	NO	FULL TIME	
	DAYS		EVENINGS		PART TIME from	
	DAYS AVAILABLE: S M T W T F S		NIGHTS		TEMPORARY from	
	HOURS AVAILABLE: _____				SUMMER from	
PERSONAL	LAST OR FAMILY NAME			FIRST NAME OR INITIAL, MIDDLE NAME OR INITIAL		
	STREET ADDRESS				APARTMENT NO.	
	CITY, TOWN OR POST OFFICE			PROVINCE		POSTAL CODE
	TELEPHONE (RESIDENCE)		TELEPHONE (BUSINESS)		ALTERNATE CONTACT	
	PERMANENT MAILING ADDRESS (if different from the above)					
	SOCIAL INSURANCE NUMBER			ARE YOU BONDABLE? YES NO		
	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND PREPARED TO SHOW PROOF OF THIS ELIGIBILITY? YES NO					
GENERAL INFORMATION	HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY RIVER EAST IN THE PAST? YES NO					
	IF YES, WHAT POSITION _____					
	HOW DID YOU LEARN OF A POSITON WITH RIVER EAST?					
	COMPANY NOTICE BOARD			CANADA MANPOWER		
	ADVERTISEMENT			EMPLOYMENT AGENCY		
PRESENT EMPLOYEE			OTHER _____			
FORMER EMPLOYEE			_____			

EDUCATION	ELEMENTARY CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9									
	SECONDARY CIRCLE HIGHEST GRADE COMPLETED 9 10 11 12 13									
	NATURE OF COURSE ACADEMIC COMMERCIAL VOCATIONAL OTHER									
	POST SECONDARY (UNIVERSITY, COLLEGE, BUSINESS OR COMERICAL, TRADE OR TECHINAL)									
	SCHOOL					SCHOOL				
	LOCATION					LOCATION				
	LENGTH OF COURSE			DATES ATTENDED D M Y TO D M Y / / / /		LENGTH OF COURSE			DATES ATTENDED D M Y TO D M Y / / / /	
GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED					GRADE, COURSE, DIPLOMA OR DEGREE RECIEVED					
SPECIALTY OR MAJOR					SPECIALTY OR MAJOR					
OTHER COURSES, WORKSHOPS, SEMINARS OR TRAINING (NIGHT SCHOOL, CORRESPONDENCE ETC)										

DRIVING RECORD	(COMPLETE ONLY WHERE APPLICABLE TO POSITION APPLIED FOR)									
	DO YOU HAVE A VALID DRIVER'S LICENCE? YES NO TYPE OF LICENCE _____									

NURSING APPLICANT ONLY – COMPLETE THIS SECTION

NURSING EDUCATION R.N.'s R.P.N.'s L.P.N.'s R.N.A.'s C.N.A.'s	AREA OF SPECIALTY _____									
	CURRENT PROVINCIAL REGISTRATION _____ OR REGISTRATION ELSEWHERE _____									
	HEALTH CARE AIDE COURSE AT: LOCATION _____ SUCCESSFULLY COMPLETED ON: (DATE) _____									
	APPLICABLE NURSING COURSES OTHER THAN THOSE INDICATED ABOVE.									

TECHNOLOGIST APPLICANTS ONLY – COMPLETE THIS SECTION

TECHNOLOGY EDUCATION	AREA OF SPECIALTY _____									
	REGISTERED YES NO			AREA OF INTEREST _____						

SKILLS

Complete
Only
Where
Applicable
To position
Applied for.

SPECIAL SKILLS

TYPING _____ WPM SWITCHBOARD _____
 SHORTHAND _____ WPM OFFICE MACHINES _____
 DICTAPHONE _____
 WORD PROCESSING INDICATE MACHINES KEYPUNCH INDICATE MACHINES

 _____ OTHER _____

LANGUAGE SKILLS

ENGLISH FRENCH OTHER
 SPEAK
 WRITE
 READ

EMPLOYMENT HISTORY

NAME AND ADDRESS PRESENT/LAST EMPLOYER	PRESENT/LAST JOB TITLE	
	PERIOD OF EMPLOYMENT D M Y to D M Y / / / /	PRESENT/LAST SALARY
	NAME OF SUPERVISOR	TELEPHONE
TYPE OF BUSINESS	REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES		
NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER	JOB TITLE (LAST)	
	PERIOD OF EMPLOYMENT D M Y to D M Y / / / /	PRESENT/LAST SALARY
	NAME OF SUPERVISOR	TELEPHONE
TYPE OF BUSINESS	REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES		
NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER	JOB TITLE (LAST)	
	PERIOD OF EMPLOYMENT D M Y to D M Y / / / /	PRESENT/LAST SALARY
	NAME OF SUPERVISOR	TELEPHONE
TYPE OF BUSINESS	REASON FOR LEAVING	
DESCRIPTION OF WORK AND RESPONSIBILITIES		
RESUME ATTACHED		
OTHER SUPPLEMENTARY INFORMATION ATTACHED		

ADDITIONAL INFORMATION	STATE WHAT YOU DID IN PAY PERIODS NOT ALREADY COVERED – INCLUDE PART TIME, SELF EMPLOYMENT, VOLUNTEER ETC.		
	DATES	EXPLAIN	
	LIST ANY ADDITIONAL INFORMATION WHICH YOU FEEL MIGHT HELP US TO FURTHER EVALUATE YOUR APPLICATION:		
ACTIVITIES	CIVIC, ATHLETIC, ETC (YOU MAY DECLINE TO LIST ORGANIZATIONS WHICH WOULD INCLUDE YOUR RACE, RELIGION COLOUR, SEX, MARITAL STATUS, PHYSICAL DISABILITY, AGE, NATIONALITY, ANCESTRY OR PLACE OF ORIGIN, MENTAL HANIDCAP, FAMILY STATUS AND POLITICAL BELIEF).		
REFERENCES	FOR EMPLOYMENT REFERENCES MAY WE APPROACH:		
	- YOUR PRESENT /LAST EMPLOYER	YES	NO
	- YOUR FORMER EMPLOYERS	YES	NO
	LIST ANY OTHER REFERENCES		
CONDITIONS OF EMPLOYMENT	<p>Please Read Carefully Before Signing: I declare the statement made by me in this application are to the best of my knowledge true statement of facts. I agree that any deliberate misrepresentation found to have been made by me may be grounds for dismissal. I understand that I must satisfactorily complete a probationary period from the date of my employment.</p> <p>Date of Application _____ Signature _____</p>		

FOR OFFICE USE ONLY

INTERVIEWED BY _____	REFERRED FOR FURTHER INTERVIEW TO _____		
DATE _____	DATE _____		
INTERVIEWER'S COMMENTS TO BE COMPLETED ON SEPARATE PAGE			
REFERENCES (ATTACH SEPARATE PAGE AS REQUIRED)	COMPLETE	INCOMPLETE	
TEST RESULTS – INDICATE TESTS GIVEN AND RESULTS (WHERE APPLICABLE).			
1.			
2.			
3.			
4.			
APPLICANT HIRED	YES	NO	DATE
ACKNOWLEDGEMENT FOLLOWING INTERVIEW:	LETTER	TELEPHONE	DATE
APPROVED BY:	HIRING AUTHORITY _____		
	PERSONNEL (WHERE APPLICABLE) _____		