



Application for Employment

(This form has been designed to comply with the Ontario Human Rights Codes)

Name:	
Address:	Telephone #:
City:	Postal Code:
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position Applied for:	
Date Available to Begin Work:	

Languages	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you 18 yrs or more Yes <input type="checkbox"/> No <input type="checkbox"/>			

Type of School	3	Graduate Yes/No	Degree/Diploma Yes/No	Subject Matter
Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list professional degrees and/or certificates:

Have you taken any other special courses?

Yes

No

If yes, please give details:

Are you planning to further your education at a later date?

Yes

No

If yes, please give details of study area:

List professional associations of which you are a member:

Please list your skills, hobbies (i.e., swimming, crafts etc.) and your experience (i.e. as a team member, volunteer) which would be an asset in your work with your peers and children.

Have you ever been convicted of a criminal offence for which a pardon has **not** been granted?

Employment Experiences *(list last three positions)*

Employer:		
Address:		
From:	To:	Position:
Duties:		
Reason for Leaving:		
Employer:		
Address:		
From:	To:	Position:
Duties:		
Reason for Leaving:		
Employer:		
Address:		
From:	To:	Position:
Duties:		
Reason for Leaving:		

References:

Name:		
Address:		
Occupation:	Telephone #:	
Name:		
Address:		
Occupation:	Telephone #:	
For employment references we may approach:		
Your present/last employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your former employer(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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If employed, you will be required to have a medical examination based on the bonafide requirements of the job.

A valid driver's license is required for some positions at Vanier.

Preference may be given to person with a certificate in Cardio Pulmonary resuscitation (C.P.R. Training), First Aid training.

As a condition of employment, Vanier requires that any employee who transports children using their own automobile must provide insurance coverage at a minimum of \$1,000,000. public liability and property damage.

Vanier employees should not smoke while in the presence of children in treatment.

If employed, I acknowledge that I shall be entitled to a minimum length of notice of dismissal provided by the Employment Standards Act.

I understand and agree that Vanier will ask for information from my previous employers regarding the details of my employment record. I authorize my previous employers to release any and all information regarding my employment with them. I also agree that no liability or damage shall accrue to my previous employers as a consequence of their releasing such information.

I give consent to the requirement to have a medical examination based on the bonafide requirements of the job.

I certify that all of the above statements made by me are true. If it is found that I have given false information in this application, such falsification will constitute full and sufficient grounds for rejection of this application or dismissal.

Date: _____

Signature: _____