



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Last Name		First Name			Middle Name				
Address									
City			Prov.		Postal Code				
Home Phone #		Business Phone #			Cell Phone #				
Email Address:									
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you worked for OPTIONS before? If Yes, WHEN?						
Are you related to any employees of OPTIONS? If Yes, Whom?					Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you 18 years of age or older?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Availability	DAYS OF WEEK	M	S	M	T	W	T	F	S
Position Applied For:		Full Time	Part Time	Weekend	Relief/Casual	Overnights			
Desired Salary		If hired, when can you start work?							

EDUCATION

	Secondary School	College or University	Graduate or Professional	
Level Completed				
Certificates, Diplomas, Degrees obtained				
Course Study				
List any specialized training, apprentice skills, Awards, Professional Designations and other education				
Do you have any of the following courses?	1st Aid Y / N	CPR Y / N	Positive Behaviour Support Y / N	Abuse Protocol Y / N
Course Expiry Date				

WORK HISTORY (List in order starting with your present or last job)

Employers Name		Employers Address	
Type of Business			
Your Job Title	Period Employed	From (MMYY) To (MMYY)	
Name of Immediate Supervisor		Reason for Leaving	



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Describe Job Duties and Responsibilities	
May we contact this Employer for a Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Type of Business		
Your Job Title	Period Employed	From (MMYY) To (MMYY)
Name of Immediate Supervisor	Reason for Leaving	
Describe Job Duties and Responsibilities		
May we contact this Employer for a Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employers Name	Employers Address	
Type of Business		
Your Job Title	Period Employed	From (MMYY) To (MMYY)
Name of Immediate Supervisor	Reason for Leaving	
Describe Job Duties and Responsibilities		
May we contact this Employer for a Reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please add any additional information that you feel is relevant to this application: