

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, record of offence, handicap, or other protected status. Holland Christian Homes is committed to providing accessible employment practices that are in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). If you require accommodation for disability during any stage of the recruitment process, please indicate to Human Resources Department.

PERSONAL DATA

LEGAL LAST NAME	LEGAL FIRST NAME	PREFERRED NAME
PRESENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
Cell Number: Area Code ()	Email:	ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU KNOW SOMEONE WHO IS CURRENTLY WORKING IN HCH? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: PLEASE PROVIDE THE EMPLOYEE'S NAME: RELATIONSHIP:	
HAVE YOU WORKED WITH HCH BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Provide Date of Employment.	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF HIRED, WHEN CAN YOU START WORK?	DO YOU WANT TO WORK - FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL/ON-CALL <input type="checkbox"/>	
POSITION APPLYING FOR:	WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?	

EDUCATION

	COLLEGE	UNIVERSITY	GRADUATE DEGREE
YEAR LAST ATTENDED			
COMPLETED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED			
COURSE OF STUDY			
LIST ANY SPECIALIZED TRAINING, AWARDS, PROFESSIONAL DESIGNATIONS AND OTHER EDUCATION:			

Professional Registration

ARE YOU CURRENTLY REGISTERED WITH ANY REGULATORY COLLEGE RECOGNIZED BY THE HEALTH PROFESSIONS ACT OR

Please turn over



ASSOCIATION OR PROFESSIONAL AFFILIATION, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLLEGE/ASSOCIATION/PROFESSIONAL AFFILIATION NAME:	REGISTRATION #	
<i>Education level and Professional Registration are subject to verification if an offer of employment is extended</i>		

RELEVANT EXPERIENCE

PRESENT OR LAST EMPLOYER (Indicate if paid employment or job placement)		
POSITION HELD	LENGTH OF TIME (start and end date for each position)	MAJOR JOB RESPONSIBILITIES
NAME AND TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING		

PRESENT OR LAST EMPLOYER (Indicate if paid employment or job placement)		
POSITION HELD	LENGTH OF TIME (start and end date for each position)	MAJOR JOB RESPONSIBILITIES
NAME AND TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING		

MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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How did you find out about this employment opportunity?

Job Posting HCH Website Advantage ON Others (please specify) _____

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

Applicant Signature _____ **Date** _____