

# APPLICATION FOR EMPLOYMENT

APPLICATIONS WILL BE DESTROYED SIX (6) MONTHS FOLLOWING THE APPLICATION DATE, UNLESS OTHERWISE STATED.

This application is designed to help both you and us if you are employed by us. This information contained in this application will help us understand you as a person, your needs, your career goals, and your interests. This information you give will be treated as confidential and will not be made public.

STATE POSITION YOU ARE APPLYING FOR

DATE OF APPLICATION

## PERSONAL DATA

NAME IN FULL		LAST	FIRST	MIDDLE	BAND REGISTRATION #
PRESENT ADDRESS				CITY	PHONE (HOME)
PROVINCE	POSTAL CODE		EMAIL		PHONE (BUSINESS)
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by the Membertou Band? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When Where			
Do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you provided a Criminal Record Check? (Only if relevant to position applied for) <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you sixteen (16) years of age or over? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you want to work: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY (ON-CALL)		Are you available for shift-work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you available for backshift? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you available to work on weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO
What type of work are you interested in doing?					If hired, when can you start work? Date
					Do you meet the qualifications in job posting? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

NAME OF SCHOOL	ATTENDED		TYPE OF COURSE	HIGHEST GRADE COMPLETED
	FROM	TO		
HIGH SCHOOL	MONTH YEAR	MONTH YEAR		
COLLEGE	MONTH YEAR	MONTH YEAR		
UNIVERSITY	MONTH YEAR	MONTH YEAR		
BUSINESS OR VOCATIONAL	MONTH YEAR	MONTH YEAR		
OTHER	MONTH YEAR	MONTH YEAR		

## WORK HISTORY

LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB

PRESENT OR LAST EMPLOYER	EMPLOYMENT DATES		TYPE OF BUSINESS	YOUR JOB TITLE
	FROM	TO		
		MONTH YEAR	MONTH YEAR	DESCRIBE DUTIES AND RESPONSIBILITIES
NAME AND TITLE OF IMMEDIATE SUPERVISOR				
REASON FOR LEAVING				

## WORK HISTORY

LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB

PRESENT OR LAST EMPLOYER	EMPLOYMENT DATES		TYPE OF BUSINESS	YOUR JOB TITLE	
	FROM	TO			
NAME AND TITLE OF IMMEDIATE SUPERVISOR	MONTH	YEAR	MONTH	YEAR	DESCRIBE DUTIES AND RESPONSIBILITIES
REASON FOR LEAVING					

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LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB

PRESENT OR LAST EMPLOYER	EMPLOYMENT DATES		TYPE OF BUSINESS	YOUR JOB TITLE	
	FROM	TO			
NAME AND TITLE OF IMMEDIATE SUPERVISOR	MONTH	YEAR	MONTH	YEAR	DESCRIBE DUTIES AND RESPONSIBILITIES
REASON FOR LEAVING					

### REFERENCE 1

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

### REFERENCE 2

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

### REFERENCE 3

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

May we contact your present or last employer for reference?  
 YES  NO

May we contact your previous employer for reference?  
 YES  NO

### 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 employer, including serving an initial probationary period.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

PRESCREENED BY: \_\_\_\_\_

POSITION INTERVIEWED FOR: \_\_\_\_\_

NAME OF INTERVIEWERS: \_\_\_\_\_