

PONOKA FAMILY & COMMUNITY SUPPORT SERVICES

Box 4004, Ponoka AB, T4J 1R5

APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Initial)

PRESENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Are you legally eligible to work in Canada? YES  
NO

If you are a landed immigrant, please provide documentary proof of your eligibility to work in Canada.

Job(s) applied for:

1. \_\_\_\_\_

2. \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

\_\_\_\_\_

Do you wish to work: FULL TIME or PART TIME (Please circle your choice.)

Have you worked with us before? \_\_\_\_\_ If yes when? \_\_\_\_\_

If hired, what date will you be available to start work? \_\_\_\_\_

Are there any other experiences, skills, or capabilities that you feel would especially qualify you to work for us?

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If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

Do you have any physical limitations that might interfere with, or limit, your performance in the job(s) for which you are applying? YES

NO

If yes, please explain which functions of the job you cannot perform?

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**EDUCATIONAL BACKGROUND:**

Type of School	Name and Address	From	To	Graduated Yes/No	Course of Major
High School					
College					
Post Graduate					
Business/Trade					
Other					

PRIOR WORK HISTORY: (List in order, last to present employer first.)

Dates From/To	Name and Address of Employer	Rate of Pay Start/Finish	Supervisors Name and Title	Reason for Leaving
Describe in detail the work you did. <hr/> <hr/> <hr/>				

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May we contact the employers listed above? \_\_\_\_\_

If not, please indicate which one(s) you do not wish us to contact.

\_\_\_\_\_

**PERSONAL REFERENCES:**

Give the names of at least three people who can supply information pertinent to your job performance (excluding relatives).

Name and Occupation	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please use the space below to summarize any additional information necessary to describe your full qualifications:

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Please provide the following information for our files:

**SOCIAL INSURANCE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please also note that if you are interviewed for this position, we will require a criminal record check as part of our application process. The charge for this criminal record check will be reimbursed if you are hired.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with F.C.S.S. is based only on your merit and on no other consideration.

**PLEASE READ THIS CAREFULLY:**  
**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_