

PacificCARE

Job Application Form

Position being applied for: _____

Date available to begin work: _____

PERSONAL DATA

Last name: _____ Given name(s): _____

Address: _____

City: _____ Postal code: _____

Home tel: _____ Business tel: _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years or more and less than 65 years of age? Yes No

Are you willing to travel as part of your employment? Yes No

Preferred Location: _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

SECONDARY SCHOOL

Highest grade or level completed _____

BUSINESS/TRADE SCHOOL

Name of program: _____ Length of program: _____

License, certificate or diploma awarded? Yes No

Type: _____

COMMUNITY COLLEGE

Major subject: _____ Name of program _____

Diploma or certificate awarded? Yes No

Type: _____

UNIVERSITY

Major subject: _____ Name of program _____

Degree, diploma, or certificate awarded? Yes No

Type: _____

Other courses, workshops, seminars:

WORK RELATED SKILLS

Describe any of your work related skills, experiences, or training that relate to the position being applied for:

EMPLOYMENT

Name of present or last employer: _____

Type of Business: _____ Telephone Number: _____

Job title: _____ Salary: _____

Period of employment: From: _____ To: _____

Name of previous employer: _____

Type of Business: _____ Telephone Number: _____

Job title: _____ Salary: _____

Period of employment: From: _____ To: _____

For employment references may we approach:

your present or last employer? Yes No

your previous employer? Yes No

List references, if different than above on a separate sheet.

PERSONAL INTERESTS AND ACTIVITIES (athletics, hobbies, etc.)

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature: _____ Date: _____

Have you attached an additional sheet? Yes No