



APPLICATION FOR EMPLOYMENT

Position applied for: _____ Full Time ☐ Part time ☐ Casual ☐

Name: (Last) _____ (First) _____

Address: _____ Phone: _____

_____ Email address _____

City, Province

Postal Code

Shift(s) applying for (please tick all that you are applying for): Days ☐ Evenings ☐ Nights ☐

Are you available for weekends? Yes ☐ No ☐

Educational History

Name & Location	Date Completed	Degree/Diploma/Certification

If you did not complete high school, do you have a high school equivalency diploma? Yes ☐ No ☐

Experience

Dates

Department & Type of Work

Duties

Employer:	From:		
Salary:	To:		
Employer:	From:		
Salary:	To:		
Employer:	From:		
Salary:	To:		

Use this space for any additional information you think would help us evaluate your application, including training, workshops or specialized skills:

License, certificate or other authorization to practice a trade or profession.		
Type	License Number	Granted by (licensing board)

References

List names, email addresses, and relationship of 3 persons not related to you , in supervisory or academic capacities who know your qualifications.			
Name	Email Address	Phone	Relationship

ADDITIONAL INFORMATION:

Are you legally eligible for employment in Canada? Yes ☐ No ☐

Are you a temporary foreign worker? Yes ☐ No ☐

Have you ever been convicted for any violation of law, excluding moving traffic violations? Yes ☐ No ☐

If Yes, please provide a description of the offense:

CERTIFICATION *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Luther Home. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Luther Home to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, facilities, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by Luther Home.

Date:		Signature:
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Forward completed form to: Shelley Isaac
 Fax: (204) 338-4643
 Email: sisaac@lutherhome.mb.ca