

# Application for Employment



<b>Position applied for</b> <i>(One per application)</i>		<b>Department</b>	
<b>Social Insurance No.</b> <i>(Note: Completion of number three is optional.)</i>			
<b>Full Legal Name</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>5. Address</b>			<b>City/Town</b>
<b>Province</b>	<b>Postal Code</b>	<b>Apt. No.</b>	
<b>6. Home Phone</b>			
<b>7. Mobile Phone</b>			
<b>8. E-mail Address</b>			

9. Education				
Name and Location of Institution	Hrs	Certificate or Degree Received	Major or Specialty	Dates Attended

- a. Check highest grade completed  1  2  3  4  5  6  7  8  9  10  11  12
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education  1  2  3  4  5  6  7
- d. If you expected to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. Experience					
<i>Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.</i>					
<b>May we contact your present supervisor?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>a. Job Title</b>	<b>Employer</b>	<b>Type of Business</b>			
<b>Address</b>			<b>Phone</b>	( )	
<b>Salary</b>	<b>Start: \$</b>	<b>Finish: \$</b>	<b>Dates</b>	<b>From</b>	<b>to</b>
<b>Reason for Leaving</b>		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time	<b>Hours/Week:</b>
<b>Number and titles of employees you supervised</b>					
<b>Equipment Used</b>					
<b>Your name if different from present</b>					
<b>Duties:</b>					

<b>b. Job Title</b>		<b>Employer</b>		<b>Type of Business</b>	
<b>Address</b>				<b>Phone</b>	( )
<b>Salary</b>	<b>Start: \$</b>	<b>Finish: \$</b>	<b>Dates</b>	<b>From</b>	<b>to</b>
<b>Reason for Leaving</b>			<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<b>Hours/Week:</b>
<b>Number and titles of employees you supervised</b>					
<b>Equipment Used</b>					
<b>Your name if different from present</b>					
<b>Duties:</b>					

<b>c. Job Title</b>		<b>Employer</b>		<b>Type of Business</b>	
<b>Address</b>				<b>Phone</b>	( )
<b>Salary</b>	<b>Start: \$</b>	<b>Finish: \$</b>	<b>Dates</b>	<b>From</b>	<b>to</b>
<b>Reason for Leaving</b>			<input type="checkbox"/> <b>Full-time</b>	<input type="checkbox"/> <b>Part-time</b>	<b>Hours/Week:</b>
<b>Number and titles of employees you supervised</b>					
<b>Equipment Used</b>					
<b>Your name if different from present</b>					
<b>Duties:</b>					

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

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

<b>References</b>			
<i>List names, addresses and relationship of three persons not related to you who know your qualifications.</i>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>

12. Miscellaneous	
a. Which shift you will accept:	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends
b. Which job status you will accept:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time(specify) <input type="checkbox"/> Casual (Specify)
c. Are you legally eligible for employment in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you ever convicted for any violation(s) of law, excluding moving traffic violations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide a description of offense:	
Statute or Criminal Code (if known):	
Date of Charge:	Date of Conviction:
City, Province of Conviction:	
e. Have you attached a resume?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Any previous relevant Employers you have not indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. When will you be available to start work? (No, date is necessary if you are available as soon as you give two (2) weeks notice.)			
Month		Day	Year

14. CERTIFICATION – Each Application Requires Current Date and Original Signature	
<p><i>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.</i></p>	
Date	Applicant Signature

Forward Completed form to: **Shelly Isaac**  
**Luther Home**  
**1081 Andrews Street**  
**Winnipeg, MB. R2V 2G9**

Fax: (204)338-4643  
E-mail to: [sisaac@lutherhome.mb.ca](mailto:sisaac@lutherhome.mb.ca)

For additional information contact Luther Home at (204)338-4641

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