APPLICATION FOR EMPLOYMENT

Position applied for:	Full time \Box Part time \Box Casual \Box
Name (Last)(F	First)
Address	Phone
	Email address
City, Province Postal	
Shift(s) applying for (please circle all that you are applying	ng for: Day 🛛 Evening 🗖 Night 🗖
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:		
Address:	To:		
Salary:			
Employer:	From:		
Address:	To:		
Salary:			
Employer	From:		
Address	To:		
Salary:			

May we contact your previous employers? Yes	зЦ	NO 🗖
---	----	------

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.					
Туре	License Number	Granted by (licensing board)			

References List names, addresses and relationship of 3 persons not related to you who know your qualifications.					
Name	Address	Phone	Relationship		

ADDITIONAL INFORMATION:

			~					
Δre vou	legally	eligihle	tor	emnl	ovment i	n Canada	Yes	Noll
/ i C you	reguing	Cligible	101	Cilipi	oynnenie n	i cunuuu		

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:

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