



Application for Employment

By completing this form, you hereby consent to the Keystone Centre's use of the information obtained on this form and in the interview process to assess your experience and verify your qualifications and previous employment. If hired, this information will be maintained in your personnel file. If not hired, the application form and any other notes will be retained for a period of a minimum of six months.

Please Print Clearly

Personal Information:

Last Name: _____ Given Name(s): _____

Date (MM/DD/YYYY): _____ Email Address: _____

Present Address: _____

Home Phone Number: _____ Business Phone Number: _____

Position Applying For: _____

Have you previously worked at the Keystone Centre? Yes No

Date available to begin work (MM/DD/YYYY) _____

Shift Preference (if applicable) Days Afternoons Evenings

Are you looking for: Full-Time Part-Time

Salary expectation (hourly/annually) \$_____

Are you legally eligible to work in Canada? Yes No

Are you under the age of 18? Yes No

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

Education, Certification, And Training

Secondary School	Business, Trade or Secondary School
Highest Grade or Level completed : _____ Type of certificate Or diploma obtained : _____	Name of course: _____ Length of course: _____ License, certificate, or diploma Awarded? _____
Community college	University
Name of Program: _____ Length of Program: _____ Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Other courses, workshops, seminars: _____	Length of course : _____ Degree awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Degree : _____ Licenses or certificates: _____
Other licenses, work-related skills, or training courses (specify) _____	

Employment History

Name & Address of present/last employer	Present/Last Job Title: _____ Period of Employment: From: _____ To: _____
Type of Business: _____	Name of Supervisor: _____
Reason for Leaving:	Telephone number : _____ May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Functions/Responsibilities	
Name & Address of 1 st previous employer	Present/Last Job Title: _____ Period of Employment: From: _____ To: _____

Type of Business: _____ Reason for Leaving:	Name of Supervisor: _____ Telephone number : _____ May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Functions/Responsibilities	
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Functions/Responsibilities	

References

Name: _____ Address: _____ Telephone Number: _____ Relationship to Candidate: _____
Name: _____ Address: _____ Telephone Number: _____ Relationship to Candidate: _____

Name: _____

Address: _____

Telephone Number: _____

Relationship to Candidate: _____

AUTHORIZATION

Please read and sign below:

My signing below certifies that:

All information in this application for employment is correct and complete to the best of my knowledge and belief.

I understand that false or misleading information in this application could result in refusal of employment or discharge.

I authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for employment.

I authorize the Keystone Centre to contact any of the references provided by me for the purpose of a reference check.

I understand that this application for employment does not constitute an employment offer.

Applicant's Signature

Date (MM/DD/YYYY)