



Personnel Information		
Applicant Name:		
Street Address:		
City:		
Community:		
Email Address:		
Phone:	Home:	Cell:
Available Start Date:		
Position(s) Applied For (title & posting #) :		
Are you a Canadian Citizen or legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you worked for this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any offence under the Criminal Code of Canada for which a formal Pardon or Record Suspension has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education		
High School:		
Location :		
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:	
College/University:		
Location:		
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
Other:		
Location:		
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	

Previous Employment (List most recent work experience first)			
Employer 1:		Phone:	
Address:		Supervisor:	
Position/Job Title:			
Start Date (DD/MM/YYYY):		End Date (DD/MM/YYYY):	
Status of Employment (Full-time, Part-time, or Casual):			
Duties:			
Reason for Leaving:			
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer 2:		Phone:	
Address:		Supervisor:	
Position/Job Title:			
Start Date (DD/MM/YYYY):		End Date (DD/MM/YYYY):	
Status of Employment (Full-time, Part-time, or Casual):			
Duties:			
Reason for Leaving:			
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer 3:		Phone:	
Address:		Supervisor:	
Position/Job Title:			
Start Date (DD/MM/YYYY):		End Date (DD/MM/YYYY):	
Status of Employment (Full-time, Part-time, or Casual):			
Duties:			
Reason for Leaving:			
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Relevant Experience (List most recent work experience first)		
References (One must be from a current or most recent supervisor)		
Name	Position/Company	Telephone & Email

DECLARATION

"I declare all statements on this application to be the best of my knowledge and belief, an accurate statement of facts. I understand and agree that a false statement may disqualify me from employment or result in dismissal. I consent to personal reference checking to be conducted by a representative of Fort Frances Tribal Area Health Services for the purpose of evaluating my application. I understand that if employed by FFTAHS, additional information will be requested."

I have read, understand and agreed with the information contained herein.

Signature

Date (DD/MM/YYYY)