



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME PHONE ( )	CELL PHONE ( )	EMAIL
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for Breton Ability Centre before? If so, when?	
If hired, when can you start work?	What days/times are you available for work?	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you looking for full-time, part-time or temporary work?	
Are you BONDABLE? (Answer only if relevant to position applied for)	Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Nova Scotia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>POSITION INFORMATION</b> Position applied for:		

### EDUCATION

Graduated High School <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed	
University/College Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study	Years Completed
CERTIFICATES/DIPLOMAS/DEGREES OBTAINED		
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATION		
<b>DO YOU HAVE THE FOLLOWING COURSES?</b>  _____ Medication Awareness _____ Standard First Aid / CPR Level C _____ Individual Program Planning _____ Non-Violent Crisis Intervention _____ Non-Aversive Behaviour Change _____ Food Safety _____ Fire & Life Safety _____ Other	<u>DATE COMPLETED</u>  _____ _____ _____ _____ _____ _____ _____	<b>DO YOU HOLD AN RN OR LPN LICENSE?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> RN License <input type="checkbox"/> LPN License <input type="checkbox"/> Grad License – RN <input type="checkbox"/> Grad License – LPN
<b>PLEASE PROVIDE A COPY OF ALL LICENSES AND COURSE CERTIFICATES</b>		

OTHER EDUCATION & TRAINING

### EMPLOYMENT HISTORY

<b>CURRENT OR MOST RECENT EMPLOYER:</b>			
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	EMPLOYED FROM	EMPLOYED TO	FINAL SALARY
REASON FOR LEAVING			
NAME & TITLE OF IMMEDIATE SUPERVISOR			
DESCRIBE JOB DUTIES & RESPONSIBILITIES			
<b>EMPLOYER 2:</b>			
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	EMPLOYED FROM	EMPLOYED TO	FINAL SALARY
REASON FOR LEAVING			
NAME & TITLE OF IMMEDIATE SUPERVISOR			
DESCRIBE JOB DUTIES & RESPONSIBILITIES			
MAY WE CONTACT YOUR PRESENT EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No			
MAY WE CONTACT YOUR PREVIOUS EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No			

### REFERENCES

(Applicants are asked not to list former employees or relatives)

NAME & TITLE	PHONE NUMBER

<b>CERTIFICATION</b>	
My signature on this application certifies that the above information is true. My signature also authorizes Breton Ability Centre to conduct any necessary inquiries into this or any other information required to determine my suitability for employment. I also understand that if employed, any false statements on this application can be considered sufficient reason for dismissal.	
<hr style="width: 80%; margin: 0 auto;"/> Applicant's Signature	<hr style="width: 80%; margin: 0 auto;"/> Today's Date