

SAM Program Application For Employment:

Position Applying For: _____ **Date Available:** _____

Personal Data:

Last Name: _____ Given Names: _____

Address: _____ Apt. No: _____ City: _____

Province: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Are you legally eligible to work in Canada?: Yes No

Are you willing to re-locate in Ontario? Yes No

Preferred Location: _____ Category: _____

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

Education:

Elementary Or Secondary School: _____

Business/Trade/Technical School: _____

Highest Grade or Level Completed: _____

Name of Course: _____ Length of Course: _____

Type of Certificate/Diploma Obtained: _____

Community College/University:

Name of Program: _____ Length of Program: _____

Diploma/Degree Awarded: Yes No Pass Honours

Major Subject: _____ Licences/Certificates: _____

Other Courses, Workshops, Seminars: _____

Describe any or your work related skills, experience, or training that relate to the position being applied for:

Activities/Interests: _____

Employment:

Name and Address of present/last employer:

Name of Supervisor: _____

Telephone Number: _____

Present/last Job Title: _____

Employed From: _____ To: _____

Present/last Salary: _____

Reason For Leaving: _____

Duties/Responsibilities:

Name and Address of previous employer:

Name of Supervisor: _____

Telephone Number: _____

Previous Job Title: _____

Employed From: _____ To: _____

Previous Salary: _____

Reason For Leaving: _____

Duties/Responsibilities:

For employment references, may we approach your:

Present/last employer? Yes No

Former employer? Yes No

List references if different than above:

I declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature:

Date:

Have you attached an additional sheet of information? Yes No