



## WORK HISTORY

(Please list, beginning with your most recent, all present and past employment)

Name of Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. \_\_\_\_\_

Your Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Weekly Salary \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. \_\_\_\_\_

Your Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Weekly Salary \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. \_\_\_\_\_

Your Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Weekly Salary \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact.

\_\_\_\_\_

\_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Institution?  
(Do not list any activities denoting race, religion, religious creed, colour, sex, physical handicap, ethnic or national origin.)

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**PERSONAL REFERENCES**

Give the names of at least three (3) persons.  
(Please do not list former employers or relatives.)

NAME AND OCCUPATION	ADDRESS	TELEPHONE NO.
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To the best of my knowledge, the above facts in my application for employment are true and complete. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_

WARNING - The questions in this boxed-in area are not a part of this Application for Employment. These questions are to be asked only if the applicant is hired.

Date of Birth \_\_\_\_\_ Sex: M  F  Marital Status \_\_\_\_\_

Number of dependents including yourself? \_\_\_\_\_

Do you have any physical or mental condition which may limit your ability to perform certain kinds of work?

If yes, describe such defect(s) and specific work limitations \_\_\_\_\_

Person to be notified in case of accident or emergency.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_