

# PRACTICE EMPLOYMENT APPLICATION

Name and Address							
First Name				Last Name			
Address							
City, Province, Postal Code							
Phone Number				Cell Number			
Email				Social Insurance Number			
Days/Hours Available to Work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
I am seeking:		<input type="checkbox"/> Full-time work		<input type="checkbox"/> Part-time work		<input type="checkbox"/> Full or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to start	
Education							
School	Location (mailing address)	Years Completed	Major	Degree or Diploma			
High School							
Post Secondary							

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## Work Experience

*Please list ALL work experience beginning with your most recent job held.  
Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	End Date
City, Province, Postal Code		
Phone Number	Your last job title	
Reason for leaving ( <i>be specific</i> )		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	End Date
City, Province, Postal Code		
Phone number	Your last job title	
Reason for leaving ( <i>be specific</i> )		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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## Volunteer

Company	Name of Supervisor	Total Hours
Address	Start Date	End Date
City, Province, Postal Code	Phone Number	Cell Number

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this supervisor?    Yes    No

## References

*Please include name, phone number, and position. Excluding relatives and former employers*

1.	
2.	
3.	

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature	Date
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