

EMPLOYMENT APPLICATION

Instructions: Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position. A separate application is required for each position/competition. Applications must be received at the appropriate closing location by the date indicated in the advertisement. An electronic version of this form is available at www.notredamedelorette.info The personal information requested on this form is collected and managed as per applicable Privacy Legislation. All information to us will be considered as supplied in confidence.				OFFICE USE ONLY DATE RECEIVED	
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POSITION INFORMATION					
LOCATION		POSITION TITLE		AVAILABLE START DATE	DATE OF APPLICATION
					YYYY / MM / DD

FOR GENERAL APPLICATION		Full Time	Part Time	TYPE(S) OF POSITION – please describe	
Indicate (✓) the type of employment you are requesting	PERMANENT				
	TEMPORARY				

PERSONAL INFORMATION					
LAST NAME		FIRST NAME	INITIALS	RESIDENCE TELEPHONE NO. ()	
				MOBILE TELEPHONE NO. – or message ()	
MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE	
LEGAL STATUS TO WORK IN CANADA – documentation may be required			Email Address		
CANADIAN CITIZEN WORK PERMIT	LANDED IMMIGRANT/ PERMANENT RESIDENT OTHER – please specify:				

EDUCATION & TRAINING					
Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.					
NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETE D YES NO (✓)

ASSOCIATION / PROFESSIONAL AFFILIATIONS					
List any active memberships or registrations in a professional or career related organization or society.					

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WORK HISTORY

Have you previously been employed by (Company Name)? NO YES, indicate location and dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY
			NO. OF PEOPLE SUPERVISED – If applicable

DUTIES AND SKILLS

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY
			NO. OF PEOPLE SUPERVISED – If applicable

DUTIES AND SKILLS

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING	
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY
			NO. OF PEOPLE SUPERVISED – If applicable

DUTIES AND SKILLS

SKILLS / EXPERIENCE

Check (✓) areas of skills/experience that you have which relate to the advertised position or, if this is a general application, to the position(s) that interests you, and attach any appropriate documentation.

	NET SPEED	NO. OF YEARS/MONTHS EXPERIENCE/ TRAINING	LIST RELATED SKILLS THAT APPLY
KEYBOARDING			
DATA ENTRY			
(LIST REQUIRED SKILL)			

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(LIST REQUIRED SKILL)

OTHER

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of
valid driver's license.

List any restrictions / endorsement
definitions on license.

If required, do you have access to a vehicle?
YES NO

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO. ()	RELATIONSHIP	NO.OF YEARS KNOWN
	()		
	()		
	()		

PROBATIONARY PERIOD

All new employees of *Notre-Dame-de-Lorette Parish* shall be subject to a probationary period of a minimum of six (6) months. Please be advised that a component of the probationary review will include consultation with those who have been under your care, charge or guidance.

CRIMINAL RECORD CHECK

All Prospective Employees who will work with children/youth and/or vulnerable adults or in a medium-to-high risk job classification are required to produce physical evidence of a clean Criminal Record check every 5 years. Please be advised that your Criminal Record check must also include the Vulnerable Sector check which is typically researched at the same time and on the same application.

CHILD & ADULT ABUSE REGISTRY CHECKS

It shall be a condition of employment that all Prospective Employees who will work with children/youth and/or vulnerable adults or in a medium-to-high risk job classification sign a consent form permitting *Notre-Dame-de-Lorette Parish* to conduct a search of the Manitoba Child Abuse Registry and the Manitoba Adult Abuse Registry in order to obtain physical evidence of clean registry checks. These Abuse Registry checks may be conducted annually thereafter at the sole discretion of *Notre-Dame-de-Lorette Parish* and with the consent of the Employee. An Employee in these job classifications who refuses to provide consent may be subject to termination for just cause.

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at (Company Name), references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

X

DATE SIGNED
YYYY / MM / DD

SIGNATURE (If applying electronically please type your name as authorization)

FOR OFFICE USE ONLY

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HIRING NOTES