JOB APPLICATION FORM

Please complete all sections, even if attaching a resume. All information collected will be treated confidentially.

I. PERSONAL INFORMATION										
First Name :				Last Name :						
Address:				Apartment :						
City:				Province :		ZIP Code :				
Mobile Phone :				Home Phone :						
E-mail:										
Are you legally allowed to work in Canada? Yes No										
II. POSITION										
Position(s) sought: :										
III. AVAILABILITY										
Please check the desired employment status as well as your availability ranges.										
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Job status sought	Morning (8 h to 12 h)									
Full-time	Afternoon (12 h to 17 h)									
Part-time	Evening (17 h to 21 h)									
IV. Education										
Are you currently studying? Yes No										
If yes, name of study p	program :									
What is your last degr	ee obtained?									

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V. PROFESSIONAL EXPERIENCE							
1. Name and address of current employer	:	Reference :					
Start date of employment (DD-MM-YY): Date of end of employment (DD-MM-YY):		Position held :					
Duties and Responsibilities:							
2. Name and address of previous employe	er:	Reference :					
Start date of employment (DD-MM-YY): Date of end of employment (DD-MM-YY):		Position held :					
Duties and Responsibilities:							
3. Name and address of previous employed	er:	Reference:					
Start date of employment (DD-MM-YY): Date of end of employment (DD-MM-YY):		Position held :					
Duties and Responsibilities:							
VI. REFERENCES							
Name	Company/posi	tion held	Phone number				
	order to verify all the info	rmation provided. I	to communicate with the hereby declare that the above information ication				
2 22 250. 2 directional direction, reade state		e, 2000 or my appr					
Date		Signature					