

St Mary Magdalene Parish Job Application

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Social Insurance Number: _

Are you a Canadian citizen? Yes No

If you are not a Canadian citizen, are you legally permitted to work in Canada? Yes No

EDUCATION BACKGROUND

High School

College/University

Circle Highest Level Completed

9 10 11 12

1 2 3 4 5 6

Other: _____

Are you currently attending school or any educational institution? No Yes - Full Time Part Time

WORK HISTORY

List your previous employers in reverse chronological order, beginning with your current or last employer **FIRST**. If you are presently employed, may we contact your current employer? Yes No

1). Company Name: _____

Address: _____ City: _____ Prov: _____

Telephone: () _____ Position Held: _____

Dates of Employment: (Month/Year) _____ to (Month/Year) _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

2). Company Name: _____

Address: _____ City: _____ Prov: _____

Telephone: () _____ Position Held: _____

Dates of Employment: (Month/Year) _____ to (Month/Year) _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

3). Company Name: _____

Address: _____ City: _____ Prov: _____

Telephone: () _____ Position Held: _____

Dates of Employment: (Month/Year) _____ to (Month/Year) _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

References: if different from above:

Name and Title:	Phone:
Name and Title:	Phone:

POSITION AVAILABILITY

Hours of Operation

Days: Monday to Friday 9AM -5PM

Evenings: Monday to Friday: 5PM-9PM

Weekends: Saturday – 2PM – 6PM

Sundays – 8AM – 1PM

(hours may vary based on events that may occur)

Date Available to Begin Work: _____

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Time Start							
Time End							

Do you have any illnesses, disabilities or physical limitations which could prevent you from regularly lifting and carrying heavy items (9 kgs / 20 lbs)?

YES NO If yes, please explain: _____

Do you have any illnesses, disabilities or physical limitations which could prevent you from doing work of repetitive nature?

YES NO If yes, please explain: _____

Have you ever been convicted of a criminal offence against property rights or a fraudulent transaction, including theft, robbery, breach of trust, fraud, forgery or false pretenses?

YES NO If yes, please provide the dates _____
and nature of the offence(s) _____

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- (1) All information that I have provided on this application is true and correct. Any false statement or deliberate omission of facts will be justification for refusal of employment, or if employed just cause for termination of employment with St. Mary Magdalene Parish without notice
 - (2) I hereby consent to St. Mary Magdalene Parish making any inquiries to verify all the information provided by me, including but not limited to education, employment and references from former employers and may use an outside company to conduct the investigation and I hereby consent to those persons disclosing such information to St. Mary Magdalene Parish.
 - (3) I hereby consent to the use of my Social Insurance Number (SIN) by St. Mary Magdalene Parish for the purposes of administering my payroll. By signing this application, I give authorization for the use of my SIN in communicating, as necessary with administrators. I understand that they will limit the use and disclosure of my SIN to these purposes and use all reasonable measures to safeguard the confidentiality of my SIN and prevent disclosure to any other parties.

Applicant's Signature

Date