



# APPLICATION FOR EMPLOYMENT

Position Applied For:	Type of Employment:	Date:
Posting Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Regular	

APPLICANT INFORMATION									
Last Name		First Name			Initial(s)				
Address (No., Street, City, Province, Postal Code)									
Day Phone		Evening Phone		E-mail Address					
Are you of legal age to work in Canada?		YES	NO	Are you legally entitled to work in Canada?		YES	NO		
Have you worked for us before?		YES	NO	If so, when?					
When are you available for work? (Please check all that apply.)		Weekday mornings		YES	NO	Weekend mornings		YES	NO
		Weekday afternoons		YES	NO	Weekend afternoons		YES	NO
		Weekday evenings		YES	NO	Weekend evenings		YES	NO
Do you have a valid driver's license?		YES	NO						
Have you been convicted of a criminal offence for which you have not been pardoned?		YES	NO						
Do you have any physical or mental disabilities that might impair you when doing the job that you are seeking?						YES	NO		
If yes, please specify:									
Do you have any allergies or workplace sensitivities that might impair you when doing the job that you are seeking?						YES	NO		
If yes, please specify:									
Are you willing to provide a police record verification?		YES	NO	Are you willing to provide a child abuse registry check?		YES	NO		
May we contact current and/or previous employers for reference checks?				YES	NO				
May we contact you at work?		YES	NO	If not, how do we reach you during the day?					

EDUCATION		
Institution	Course of Study	Degree/Diploma Received
High School		
Vocational/Technical Training		
University/College		
Other		

Please list any experiences, skills or qualifications you feel are relevant. Include volunteer work and special training you may have.

**EMPLOYMENT** (list most recent position first)

Employer	Job Title
Address	Phone
Responsibilities	
Supervisor	Salary
Employment from	to
Reason for Leaving	
Employer	Job Title
Address	Phone
Responsibilities	
Supervisor	Salary
Employment from	to
Reason for Leaving	
Employer	Job Title
Address	Phone
Responsibilities	
Supervisor	Salary
Employment from	to
Reason for Leaving	

If you have left any period unaccounted for in the above employment history, please explain.

**REFERENCES** (must be provided by all applicants)

*Please give the names of three employment/volunteer-related people, excluding relatives, who are sufficiently familiar with your qualifications and character.*

Name	Occupation	Address	Phone

**PLEASE ATTACH RÉSUMÉ AND COVER LETTER AND SUBMIT APPLICATION TO:**

Brenda Graham, HR Consultant  
 Nova Scotia Hearing and Speech Centres  
 401-5657 Spring Garden Road, Box 120  
 Halifax, NS B3J 3R4  
 Fax: (902) 423-6494  
 E-mail: bgraham@nshsc.ns.ca

**DISCLAIMER AND SIGNATURE**

My signature on this application confirms that the above information is true. My signature also authorizes Nova Scotia Hearing and Speech Centres to conduct any necessary inquiries into this or any other information required to determine my suitability for employment. I also understand that if employed, any false statements on this application can be considered sufficient reason for dismissal.

Applicant's Signature

Date

**ONLY THOSE APPLICANTS CHOSEN FOR AN INTERVIEW WILL BE CONTACTED.**