Brain Injury Services
Respect, Learning, Independence

Version: May 2017

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please print. Only those individuals considered for an interview will be contacted. You will be required to provide a resume prior to an interview. (Please do not hand in or attach a resume to this application). You will also be required to provide a Criminal Record Check with Vulnerable Sector Screening upon hire.

First name	Middle initial	Last
Present address		Suite/Apartment
City	Province	Postal code
( )	( )	
Home Phone number	Mobile Phone Number	E-mail address

Position(s) applied for
1. _____
2. _____
3. _____

How did you learn of this opening?
☐ Newspaper _____ ☐ HRDC ☐ Other _____
☐ Website ☐ BISH Employee ☐ Posting at College/University

Do you want to work: ☐ Full-time ☐ Part-time ☐ Relief
Are you willing to work: ☐ Shifts ☐ Weekends

Specify days and hours available:

Have you worked for us before? ☐ Yes ☐ No
If yes, when and where?

If hired, on what date will you be available to start work? _____

Are you related to an employee currently working at Brain Injury Services? ☐ Yes ☐ No
If yes, who? _____

Are you a Canadian Citizen? ☐ Yes ☐ No
If not, are you legally able to live and work in Canada? ☐ Yes ☐ No

Brain Injury Services is an equal opportunity and diversity friendly employer.
We welcome and encourage applications from people with disabilities. Accommodations are available on request for candidates taking part in all aspects of the selection process.

Completed applications can be mailed to 225 King William Street, Suite 508, Hamilton, ON L8R 1B1 or faxed to 905-523-8211

EDUCATION / TRAINING

	Describe Course(s)	Title of Degree or Diploma
High School		
College/University		
Graduate/ Professional		
Describe any specialized training, apprenticeship skills, and extra-curricular activities		

PRIOR WORK HISTORY **(List in order, last or present employer first)**

DATES		NAME AND ADDRESS OF EMPLOYER	POSITION	RATE OF PAY	
From	To			START	FINISH
Describe in detail the work you did					

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From	To			START	FINISH
Describe in detail the work you did					

If additional space is required for a **prior work history** you may attach a page providing information requested only.

References

Give the names of at least three (3) persons who we can contact about your job performance

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

Occasionally a standardized application form makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you in our agency, use the space below to summarize any additional information necessary to describe your full qualifications

APPLICANT'S CERTIFICATION AND AGREEMENT
PLEASE READ CAREFULLY

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant:_____ Date:_____

Thank you for completing this application form, and for your interest in employment with our agency.

For Personnel Department Use Only

CLASSIFICATION: ☐ RELIEF/ON CALL ☐ PART TIME ☐ FULL TIME ☐ SUPERVISORY
☐ PERMANENT ☐ ____ MONTH CONTRACT ☐ UNSUITABLE

INTERVIEW: ☐ YES ☐ NO Date: _____ Hour: _____
Result of Interview: _____

_____

_____

_____

_____

Acceptable for Employment? _____ Starting Rate _____ Start Date _____ Shift _____

Position _____ Service _____ Employee No. _____

Interviewed by _____

Date _____