Application for Employment



Please fill out the application form completely.

First Names		· ·	nespire care your way				
First Name:		Last Name:	Last Name:				
Address:			Apt/Unit:				
City:	Province:	Postal Code:	Email:				
Telephone:	•	Mobile:	<u> </u>				
Are you legally eligible to	work in Canada?						
		Yes No					
What languages do you s	neak fluently?						
English	French	Other (Please	e Specify):				
Do you have access to a r	eliable verificie for the p	ourposes of work?	Yes No				
Education		L					
Education							
	Institutio	n and Program	Diploma/Degree Received				
High School:							
College:							
_							
University:							
_							
Training							
Do you have a current CP	R and First Aid Certifica	nte?	If no, are you willing to obtain?				
,		Yes No	Yes No				
Do you have current Non-	violent Crisis Intervent						
Do you have current non-	-violent Chsis Intervent						
		Yes No					
PLEASE LIST ANY OTHER	TRAINING/CERTIFICAT	IONS:					

Work Experience (Please list most recent first)							
Company:		Job Title:					
Duties:							
Employment Dates:	Reason for Leav	ving:					
Company:		Job Title:					
Duties:							
Employment Dates:	Reason for Leav	eaving:					
Company:		Job Title:					
Duties:							
Employment Dates:	Reason for Leaving:						
PLEASE LIST ANY VOLUNTEER EXPERIENCE:							
PLEASE LIST ANY OTHER RELEVANT SKILLS OR LIFE E	XPERIENCES NC	T LISTED ABOVE:					
Please indicate which population you would prefer to w Children Adults	Seniors	all that apply): No Preference					

Availability										
Please indicate your general availability for work:										
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Morning										
Afternoon										
Evening										
Overnight										
			· ·							
How did you hear about Wesway?										
Statement	t Of Under	standing								
The information I have provided on this form is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment. I am aware that personal information on this form is collected under the authority of the Personal Information Protection and Electronics Documents Act and will be used to determine eligibility for employment. This application will be destroyed in one year unless renewed. Questions concerning this collection should be directed to the Manager of Human Resources.										
	Date			Signature						
Please submit your application, along with a resume and cover letter to:										
Wesway Attention: Re #210-1703 E Thunder Bay, Phone: (807)	. Victoria Ave ON P7C 1C8	nue	icer							

Fax: (807) 623-6413 recruitment@wesway.com