

Please print in BLOCK LETTERS throughout. Do not complete shaded areas.

Personal Information				
Given Name(s) and/or Initials		Surname		Usually Called
Address (apartment number, street number and name, or other)				City
Province	Postal Code	Home Telephone ()	Business Telephone ()	Extension
Are you legally entitled to work in Canada? <input type="checkbox"/> yes <input type="checkbox"/> no				
Position Desired: First Choice			Second Choice	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Part-time			Salary Expected	Available Date (dd/mmm/yyyy)
Are you willing to relocate in Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no				Ontario Driver's License? <input type="checkbox"/> yes <input type="checkbox"/> no

Education				
Type of School	Subjects		Number of Years Completed	Degree Obtained
	Major	Minor		
Secondary				
Post-Secondary				
Other (Vocational, Night School, Courses, etc.)				

Are you currently enrolled in any course? yes no If yes, please specify type of course, major subject, percentage of completion and school

List any professional licenses or memberships that are not racial,religious or national in character	Registration or License Number

If résumé is attached, complete left side of page only.

Employment History (present or most recent employer first)	
Present /Last Employer (name and address)	
Describe Duties/Responsibilities and Significant Achievements	
Type of Business	
Position Title	Final Salary
Period of Employment from: _____ to: _____	May be approached for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Immediate Supervisor (name and title)	
	Telephone No. ()
Reason for Leaving	
Previous Employer (name and address)	
Describe Duties/Responsibilities and Significant Achievements	
Type of Business	
Position Title	Final Salary
Period of Employment from: _____ to: _____	May be approached for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Immediate Supervisor (name and title)	
	Telephone No. ()
Reason for Leaving	
Previous Employer (name and address)	
Describe Duties/Responsibilities and Significant Achievements	
Type of Business	
Position Title	Final Salary
Period of Employment from: _____ to: _____	May be approached for reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Immediate Supervisor (name and title)	
	Telephone No. ()
Reason for Leaving	

Skills

Languages: *insert appropriate proficiency code*
 (Proficiency codes: 0 = No knowledge; 1 = Some knowledge; 2 = Moderate knowledge; 3 = Good knowledge; 4 = Fully proficient.)

	Speak	Read	Write		Speak	Read	Write
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of Additional Languages Known _____

	Yes	No	W.P.M.	Do not enter code	What do you see as your special skills?	Proficiency Code
Can you type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Can you transcribe from dictating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Can you write shorthand/speedwriting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
What office equipment can you operate efficiently? (i.e. word processor)					_____	<input type="checkbox"/>
1. _____				<input type="checkbox"/>	Any other comments? _____ _____ _____	
2. _____				<input type="checkbox"/>		
3. _____				<input type="checkbox"/>		
4. _____				<input type="checkbox"/>		

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal and that proof of the above information may be requested at time of hire.

Signature _____ Date _____

To be completed by Hiring Party when hired.

Start Date (dd/mmm/yyyy)	Job Title	Employment Status <input type="checkbox"/> Prob. <input type="checkbox"/> Temp. <input type="checkbox"/> Student <input type="checkbox"/> On-call <input type="checkbox"/> Other
Branch	Resp. Code	Union Dues Status <input type="checkbox"/> b.u. <input type="checkbox"/> n.b.u.
Social Insurance Number	Starting Salary	Mode
Weekly Hours	Salary Grade	
<input type="checkbox"/> Replacement for	Temporary Duration of Assignment <input type="checkbox"/>	Additional Staff <input type="checkbox"/>
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	If rehire, date of previous termination	New hire input to be completed <input type="checkbox"/> yes <input type="checkbox"/> no
Marital Status	Does he/she have any immediate family employed by WSIB? If so, please name.	How did this vacancy come to his/her attention?
Has he/she or a member of his/her immediate family ever had a WSIB claim? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please state claim number. If not known, give date of accident and name of employer.	Date of Birth (dd/mmm/yyyy)

Medical

Does he/she have any physical limitations? yes no If yes, does limitation, wholly or partially, restrict him/her from:

	Pulling	Pushing	Lifting	Climbing	Driving	Writing	Seeing	Hearing	Talking
yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For his/her own protection, in case of accident, please answer the following: Does he/she suffer from:

	Dizzy Spells	Diabetes	Epilepsy	Chronic conditions such as chest, stomach, or heart disabilities (please specify)
yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

