

**The Salvation Army**  
**DINSDALE PERSONAL CARE HOME**

510 - 6th Street, Brandon, MB R7A 3N9 (204) 727-3636

POSITION APPLIED FOR	WAGES EXPECTED
	DATE AVAILABLE

**APPLICATION FOR EMPLOYMENT (Please Print or Type)**

SURNAME	FIRST	MIDDLE	PHONE	
ADDRESS	STREET	CITY/TOWN	PROV.	POSTAL CODE

**EDUCATION RECORD**

	SCHOOL NAME/ADDRESS	FROM	TO	MAJOR SUBJECT	DIPLOMA/DEGREE AWARDED
SECONDARY SCHOOL					Title:
BUSINESS, TRADE OR TECHNICAL SCHOOL					Title:
COMMUNITY COLLEGE					Title:
UNIVERSITY					Title:

ADDITIONAL COURSES, SEMINARS, WORKSHOPS:

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR:	LANGUAGE Spoken      Written
	English
	French
	Other

**EMPLOYMENT RECORD (MOST RECENT FIRST)**

COMPANY NAME	Employed from:	Present/Last Salary	PRESENT/LAST JOB TITLE
	To:	\$	
ADDRESS	Type of Business:	DUTIES/RESPONSIBILITIES	
	Supervisor:		
REASON FOR LEAVING			
COMPANY NAME	Employed from:	Present/Last Salary	PRESENT/LAST JOB TITLE
	To:	\$	
ADDRESS	Type of Business:	DUTIES/RESPONSIBILITIES	

REASON FOR LEAVING	Supervisor:		
COMPANY NAME	Employed from:	Present/Last Salary	PRESENT/LAST JOB TITLE
ADDRESS	To:	\$	
REASON FOR LEAVING	Supervisor:		DUTIES/RESPONSIBILITIES
COMPANY NAME	Employed from:	Present/Last Salary	PRESENT/LAST JOB TITLE
ADDRESS	To:	\$	
REASON FOR LEAVING	Supervisor:		DUTIES/RESPONSIBILITIES

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY BEFORE?  If Yes _____ Date From                  Date To	WHAT SOURCE REFERRED YOU TO THIS FACILITY?
	WILL YOU WORK SHIFT WORK?

MAY WE CONTACT YOUR PRESENT EMPLOYER?

**OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS: DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL OR NATIONAL CHARACTER.**

**REFERENCES**

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.  
 I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL, I FURTHER UNDERSTAND THAT IF THIS POSITION REQUIRES A SPECIFIC CERTIFICATE, PROOF THEREOF WILL BE REQUIRED AFTER HIRE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY	
INTERVIEWERS COMMENTS:	
_____ INTERVIEWER	

THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED					
SOCIAL INSURANCE #	IN CASE OF EMERGENCY NOTIFY:				
DATE OF BIRTH	NAME:				PHONE #
	ADDRESS:				PHONE #
DD/MM/YYYY	FAMILY DOCTOR:				
MARITAL STATUS			Other:		
DATE HIRED	DEPARTMENT	RATE/HR	REG. HOURS	POSITION	DATE EMPLOYMENT COMMENCED