



Community Head Injury Resource Services of Toronto (CHIRS)

Application For Employment

Instructions: Please print. Only those individuals considered for an interview will be contacted. You will be required to provide a resume if contacted for an interview.

First Name	Middle Initial	Last Name
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Address: _____ Apartment: _____

City: _____ Province: _____ Postal Code: _____

Telephone Area Code & Number: (____) _____ Cell Number: (____) _____

E-mail Address: _____

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

How did you learn of this opening at CHIRS? _____

Do you want to work:
 Full-time Regular Part-time Casual Relief Overnights/Awake

Are you willing to work: Shifts Weekends Overnights
Specify days and hours available: _____

Have you worked for CHIRS before? No Yes - If yes, when and in what capacity? _____

Date available to begin work: _____

Are you legally entitled to work in Canada? Yes No

Have you ever been convicted of a criminal offence for which you have not received a pardon? No Yes

If the position for which you are applying requires a driver's licence, do you currently possess a valid G2 Class Ontario Driver's Licence? Yes No



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EDUCATION / TRAINING			
	Name of Program	Highest Grade or Level Completed	Title of Degree or Diploma Received
Secondary School			
College/University College/University Name: _____ _____ _____			
Graduate/ Professional			
Describe any specialized training, courses, apprenticeship skills, and extra-curricular activities:			
PRIOR EMPLOYMENT HISTORY (List in order, last or present employer first.)			
Name of Employer	Type of Business	Position Held	Reason for Leaving
Dates: From _____ To _____ Salary/Wage: Start \$ _____ Finish \$ _____			
Describe in detail the work you performed.			
Name of Employer	Type of Business	Position Held	Reason for Leaving
Dates: From _____ To _____ Salary/Wage: Start \$ _____ Finish \$ _____			
Describe in detail the work you performed.			



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Name of Employer	Type of Business	Position Held	Reason for Leaving
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Dates: From _____ To _____ Salary/Wage: Start \$ _____ Finish \$ _____

Describe in detail the work you performed.

Name of Employer	Type of Business	Position Held	Reason for Leaving
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Dates: From _____ To _____ Salary/Wage: Start \$ _____ Finish \$ _____

Describe in detail the work you performed.

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

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.



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APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

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 understand that following a written offer of employment from CHIRS, I will be required to take and satisfactorily complete a pre-employment medical examination to demonstrate that I can safely and satisfactorily perform the duties of the position for which I am applying.

It is understood that as a condition of employment, I will be required to sign a confidentiality agreement.

I hereby authorize CHIRS or a firm retained by them to verify information above on my request for employment and to conduct any other investigation relevant to my candidacy for employment.

As I am applying for employment, CHIRS has my permission to use the information contained in this application form as part of their review process.

Print Your Name

Signature

Date

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