



Employment Application

APPLICANT INFORMATION				
Last Name		First Name		Date
Street Address			Apartment/Unit #	
City		Prov.	Postal Code	
Phone		E-mail Address		
Please Self Identify if you are First Nation, Inuit, Metis:				
Position Applied for <i>(title & job ref. #)</i>				
Are you a Canadian citizen?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, are you authorized to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for this organization?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If so, when?
Have you ever been convicted of a criminal offence for which you have not been pardoned?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, explain
How did you hear about this opportunity?				

EDUCATION				
High School			Address	
From	To	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diploma
College/ University			Address	
From	To	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other				
From	To	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (<i>Is resume attached?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO) <i>List most recent employment first.</i>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment, or if this application leads to employment, grounds for termination.

I authorize Sioux Lookout First Nations Health Authority to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you.

I authorize Sioux Lookout First Nations Health Authority to obtain references from any, or all of my previous employers in connection with my application for employment.

Signature

Date

Completed applications can be emailed to Human.Resources@slfnha.com