



CALGARY FAMILY SERVICES

EMPLOYMENT APPLICATION
CONFIDENTIAL UPON COMPLETION

IMPORTANT: PLEASE READ THIS FIRST.

1. We thank all applicants for their interest, however, only those selected for an interview will be contacted.
2. **Incomplete applications will not be considered.**

MAIL TO:
 Calgary Family Services
 300, 906 – 8th Avenue S.W.
 Calgary, Alberta
 T2P 1H9
 Fax: (403) 205-5281

POSITION INFORMATION (PLEASE PRINT)			
AVAILABILITY: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends			
Date:			
Hours per week available:			
PERSONAL INFORMATION			
LAST NAME		FIRST/GIVEN NAME(S)	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	HOME ADDRESS	FAX/EMAIL ADDRESS
CITY	PROVINCE	POSTAL CODE	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?
GENERAL INFORMATION			
HAVE YOU EVER BEEN EMPLOYED BY CALGARY FAMILY SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME USED, DATES OF EMPLOYMENT	POSITION HELD
DO YOU HAVE ANY UNPARDONED CRIMINAL CONVICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW DID YOU FIND OUT ABOUT EMPLOYMENT OPPORTUNITIES? <input type="checkbox"/> CALGARY HERALD <input type="checkbox"/> CALGARY SUN <input type="checkbox"/> CALGARY NEIGHBOURS <input type="checkbox"/> FRIEND <input type="checkbox"/> CURRENT CFS EMPLOYEE <input type="checkbox"/> OTHER	

EDUCATION AND TRAINING

CIRCLE LAST FULL YEAR COMPLETED	COURSE OF STUDY OR MAJOR	CERTIFICATE, DIPLOMA OR DEGREE OBTAINED	YEAR COMPLETED	NAME AND LOCATION OF INSTITUTE
HIGH SCHOOL 10 11 12 13		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE, BUSINESS SCHOOL OR TECHNICAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
UNIVERSITY 1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
POST GRADUATE STUDIES		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HEALTH CARE RELATED STUDIES/CERTIFICATION	1 YR LESS THAN 6 MO 6 MOS	<input type="checkbox"/> YES <input type="checkbox"/> NO		

CERTIFICATE#, DATE OF EXPIRY

MEMBERSHIP IN PROFESSIONAL ASSOCIATION

EMPLOYMENT HISTORY (INCLUDE RELATED OR VOLUNTEER EXPERIENCE) PLEASE LIST YOUR THREE MOST RECENT JOBS

JOB TITLE	EMPLOYER'S ADDRESS			
SUPERVISOR'S NAME, PHONE NUMBER		DATE STARTED	DATE LEFT	SALARY
AVERAGE WEEKLY HOURS	REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES				
JOB TITLE	EMPLOYER'S ADDRESS			
SUPERVISOR'S NAME, PHONE NUMBER		DATE STARTED	DATE LEFT	SALARY
AVERAGE WEEKLY HOURS	REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES				

EMPLOYMENT HISTORY (cont...)

JOB TITLE	EMPLOYER'S ADDRESS			
SUPERVISOR'S NAME, PHONE NUMBER		DATE STARTED	DATE LEFT	SALARY
AVERAGE WEEKLY HOURS	REASON FOR LEAVING			
FUNCTIONS/RESPONSIBILITIES				

REFERENCES

I hereby authorize the Management of Calgary Family Services to contact persons or organizations listed below for the purpose of obtaining reference information including information contained in my personnel file(s).

Signature:

Date:

PLEASE LIST THREE REFERENCES (at least two must be previous supervisors)

1.	2.	3.
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APPLICANT'S DECLARATION

Before signing, please be sure your application is filled out COMPLETELY and that you have read and understood the following Declaration.

I HEREBY CERTIFY:

1. That all statements made in this application are true and I understand that any false statements may cause termination of employment with Calgary Family Services Society.
2. That I will make known to the hiring agent at Calgary Family Services Society, the details of any past or present Criminal Record. Crimes for which official pardons have been granted pursuant to the Criminal Records Act, R.S.C. 1985 C-47 need not be disclosed.

APPLICANT'S SIGNATURE

DATE

Please be advised that the personnel information you have provided herein may be used for the purpose of employment only, and conforms to Section 32 of the Freedom of Information and Protection of Privacy Act.

HAVE YOU ATTACHED A RESUME OR ADDITIONAL INFORMATION? YES NO