

# Ottawa Humane Society

## Application for Employment

Position Applied for: _____	Date Available: _____
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Last Name: _____ Given Names: _____	
Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Telephone: _____	Business Telephone: _____
Cell Number: _____	Email Address: _____

Are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work flexible Hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
# _____		

Languages: Spoken English <input type="checkbox"/>	French <input type="checkbox"/>	Other: _____
Languages: Written English <input type="checkbox"/>	French <input type="checkbox"/>	Other: _____

### Education:

Secondary School			
Name and Location	Grade	Relevant Courses	Grad Date

**Post-secondary and Other Education**

Name and Location	Degree or Diploma	Concentration	Grad date

**Other Courses, Workshops, Training:**

**Employment:**

**Most Recent:**

Name and Address of Employer: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employers:**

Name and Address of Employer: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_

From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Volunteer and Community Work:

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May we contact your present and former employers? Yes  No

## References: (Professional)

Name	Organization, Title and Relationship	Phone Number

Do you attest that you are insurable to drive a motor vehicle? Yes  No

Have you ever been convicted of a criminal offence for which you were not pardoned? Yes  No   
(Please note that the possession of a criminal record will not prevent consideration of this application.)

Do you consent to a criminal records check by the local Police Department? Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the statements made by me in this application are true and complete to my knowledge. I authorize the OHS to make any inquiries necessary to verify the above statements. I understand that a false statement may disqualify my application from further consideration and may result in termination at any time.

Signature:

Date: