

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

INSTRUCTIONS

Please complete all sections of this application form in full. Fields marked with an asterisk (*) are mandatory. All information provided will be kept strictly confidential and used solely for employment placement purposes.

Upon completion, please submit this form to:

 **earkoh@audmark.org**

SECTION 1: PERSONAL INFORMATION

First Name:* _____

Last Name:* _____

Email Address:* _____

Phone Number:* _____

Street Address:* _____

City:* _____

Province:* _____

Postal Code:* _____

Preferred Method of Contact:

Email Phone Text Message

SECTION 2: CANADIAN WORK AUTHORIZATION

Are you legally authorized to work in Canada?* Yes

No

Current Immigration/Citizenship Status in Canada:* Canadian Citizen

Permanent Resident

Work Permit Holder (Valid until: _____)

Study Permit with Work Authorization (Valid until: _____)

Protected Person/Refugee Status

Other (Please specify): _____

Social Insurance Number (SIN):* _____

SECTION 3: EMPLOYMENT PREFERENCES

Position Type(s) of Interest* *(Select all that apply):*

Factory/Manufacturing

Areas of interest: Production Assembly Quality Control Warehouse Other:

Retirement Home

 *Note: Valid Criminal Record Check and Vulnerable Sector Check required*

Care Home/Long-Term Care Facility

 *Note: Valid Criminal Record Check and Vulnerable Sector Check required*

Shelter (Emergency/Transitional Housing)

 *Note: Valid Criminal Record Check and Vulnerable Sector Check required*

Availability* *(Select all that apply):* Monday-Friday (Days)

Monday-Friday (Evenings)

Monday-Friday (Nights)

Weekends (Days)

Weekends (Evenings)

Weekends (Nights)

Flexible/All shifts

Employment Type Preference* *(Select all that apply):* Full-time (30+ hours/week)

Part-time (Less than 30 hours/week)

Casual/On-call

Contract/Temporary Assignment

Earliest Available Start Date:* _____

SECTION 4: BACKGROUND SCREENING REQUIREMENTS

(Mandatory for Retirement Home, Care Home, and Shelter positions)

Do you currently possess a valid Vulnerable Sector Check?* Yes (Issue Date: _____ Expiry Date: _____)

No

Do you currently possess a valid Criminal Record Check?* Yes (Issue Date: _____ Expiry Date: _____)

No

If you answered "No" to either of the above questions:

Are you willing to undergo and obtain the required background screening at your own expense?*

Yes

No

Note: Background checks are typically valid for 6-12 months from the date of issue. We can provide guidance on the application process if needed.

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes

No

If yes, please provide details (a criminal record does not automatically disqualify you from employment):

SECTION 5: EDUCATION

Highest Level of Education Completed:* Some High School

High School Diploma/GED

Trade Certificate/Apprenticeship

College Diploma

Bachelor's Degree

Graduate/Post-Graduate Degree

Other: _____

Field of Study/Specialization: _____

Institution Name: _____

Year Completed: _____

SECTION 6: PROFESSIONAL EXPERIENCE

Please describe your relevant work experience:

(Include employer names, job titles, key responsibilities, and employment dates)

Most Recent Position:

Employer: _____

Position/Title: _____

Employment Period: From _____ To _____

Key Responsibilities:

Previous Position (if applicable):

Employer: _____

Position/Title: _____

Employment Period: From _____ To _____

Key Responsibilities:

Total Years of Relevant Experience: _____

SECTION 7: CERTIFICATIONS, LICENSES & TRAINING

Please list any relevant certifications, licenses, or specialized training:

(e.g., PSW Certificate, First Aid/CPR, WHMIS, Forklift License, Food Handler's Certificate, etc.)

Certification/License Issuing Organization Issue Date Expiry Date

Certification/License Issuing Organization	Issue Date	Expiry Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Skills or Qualifications:

SECTION 8: PROFESSIONAL REFERENCES

Please provide two (2) professional references who can speak to your work performance and character:

(References should not be family members)

Reference 1*

Full Name: _____

Professional Relationship: _____

(e.g., Former Supervisor, Manager, Colleague)

Company/Organization: _____

Phone Number: _____

Email Address: _____

Years Known: _____

Reference 2*

Full Name: _____

Professional Relationship: _____

(e.g., Former Supervisor, Manager, Colleague)

Company/Organization: _____

Phone Number: _____

Email Address: _____

Years Known: _____

SECTION 9: ADDITIONAL INFORMATION

Do you have any physical limitations or medical conditions that may affect your ability to perform job duties? Yes

No

If yes, please describe any accommodations that may be required:

Do you have reliable transportation to and from work? Yes

No

Are you available for shift work, including evenings, nights, and weekends if required? Yes

No

Additional Comments or Information:

SECTION 10: DECLARATION AND CONSENT

I hereby certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that:

1. Any false, misleading, or omitted information may result in immediate disqualification from consideration or termination of employment if discovered after hiring.
2. I authorize the verification of all information provided, including but not limited to employment history, education, certifications, and reference checks.
3. I consent to background checks, including criminal record checks and vulnerable sector screening, as required for specific positions.
4. My personal information will be collected, used, and disclosed in accordance with applicable privacy legislation and solely for employment placement purposes.
5. Submission of this application does not guarantee employment or an interview.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Field	Information
Application Received	_____
Received By	_____
Applicant ID	_____
Position(s) Matched	_____
Status	<input type="checkbox"/> Under Review <input type="checkbox"/> Shortlisted <input type="checkbox"/> Interview Scheduled <input type="checkbox"/> Placed

Field	Information
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Notes

SUBMIT COMPLETED FORM TO:

 **earkoh@audmark.org**

For questions or assistance, please contact our office.

This document is confidential and intended solely for employment screening purposes.