



HOMESTEAD CHRISTIAN CARE EMPLOYMENT APPLICATION

Date:	How did you hear about us? Website <input type="checkbox"/> Charity Village <input type="checkbox"/> Church <input type="checkbox"/> Homestead employee <input type="checkbox"/> Other _____			
Last Name	First	Middle		
Street Address				Home Phone
City	Prov.	Postal Code	Email	Cell Phone
Position Applying For:				Preferred Location
Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Relief <input type="checkbox"/> Co-op/Other				
Were you previously employed by Homestead Christian Care? <input type="checkbox"/> Yes, Date(s) _____ <input type="checkbox"/> No				Date available for work

EDUCATION – Please complete any applicable sections of the following chart:				
	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE/ BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have current: First Aid CPR Have you worked in the social services field? Yes No

Type: _____ How long? _____

Social Services Experience (Describe any and all qualifications):

Have you been convicted of a criminal offense for which a pardon has not been granted? (A conviction record will not necessarily be a bar to employment.) No Yes - If "Yes", please describe in full detail:

Are you 18 years of age or more and less than 65 years of age? Yes No

Are you legally eligible to work in Canada? Yes No

WORK EXPERIENCE - List Present and Former Employers for the last 10 years beginning with the most recent

NAME AND ADDRESS OF COMPANY	SUPERVISOR	DESCRIBE YOUR WORK	LAST WAGES	DATE STARTED	DATE LEFT	REASON FOR LEAVING

Why do you wish to work for Homestead Christian Care?

As part of its evaluation of my suitability for employment, I authorize Homestead Christian Care to contact my former employers or personal individuals for references. Yes No

EMPLOYMENT AND PERSONAL REFERENCES

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
EMPLOYMENT		
EMPLOYMENT		
PERSONAL		
PERSONAL		

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge

 Applicant's Signature

Date

DO NOT WRITE BELOW - FOR COMPANY USE ONLY

Interview? Yes No Date _____ Hour _____

Results of Interview _____

Acceptable for employment? Yes No Program / Location _____

Interviewed By	Date	2 nd Interview By	Date
Location	Position		
Rate			

June. 2009

RETURN COMPLETED APPLICATIONS ALONG WITH **RÉSUMÉ & COVER LETTER** TO:

BY MAIL: FAO: Emily Gowing, Homestead Christian Care
 Unit A – 249 Caroline St. S, Hamilton, ON, L8P 3L6
IN PERSON: 195 Charlton Ave W, Hamilton, ON, L8P 2C9
Fax: 905-529-0355 **Email:** emily@hsc.ca