

APPLICATION FOR EMPLOYMENT

**Canadian Mental Health Association
PA Branch**

This application may be considered for any suitable vacancy within CMHA. Please complete all sections in full, in your own handwriting, even if you are attaching a resume.

NAME AND ADDRESS OF APPLICANT (PLEASE PRINT)			
LAST	FIRST	MIDDLE	PREFERRED FIRST NAME
STREET ADDRESS			HOME PHONE ()
CITY OR TOWN CODE	PROVINCE	POSTAL	BUSINESS/ALTERNATE PHONE ()
			PAGER/CELL/FAX:
			EMAIL:
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO LEGAL STATUS TO WORK IN CANADA – DOCUMENTATION MAY BE REQUIRED <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			
DO YOU HAVE ANY MEDICAL/PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC DUTIES AS PART OF THE POSITION YOU HAVE APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE AND EXPLAIN YOUR WORK LIMITATIONS: _____			
ARE YOU WILLING TO UNDERGO A MEDICAL EXAMINATION FOR THE PURPOSE OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POSITION(S) DESIRED: 1 _____ 2 _____	
<i>Please identify clinical area(s) of interest (if applicable)</i>	
FACILITY <input type="checkbox"/>	COMMUNITY <input type="checkbox"/>
SPECIFIC WORK LOCATION: _____	
FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
CASUAL <input type="checkbox"/>	DATE AVAILABLE TO START WORK: _____
SHIFTS AVAILABLE FOR:	DAYS <input type="checkbox"/>
EVENINGS <input type="checkbox"/>	ALL SHIFT <input type="checkbox"/>
SHORT NOTICE?	YES <input type="checkbox"/>
NO <input type="checkbox"/>	
IF NO, HOW MUCH NOTICE WILL YOU REQUIRE? _____	
ARE YOU CURRENTLY EMPLOYED WITH CMHA?	
NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, WHICH SITE(S) AND POSITION: _____	
HAVE YOU BEEN PREVIOUSLY EMPLOYED WITH CMHA?	
	YES <input type="checkbox"/>
IF YES, WHERE _____ FROM _____ TO _____ AND POSITION _____	

ADDITIONAL EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT ARE RELEVANT TO THIS APPLICATION:	

WORK HISTORY
LIST ALL EMPLOYERS YOU HAVE WORKED FOR IN THE LAST 6 YEARS OF EMPLOYMENT.
 Complete sections even if you are enclosing a Resume. (If the application is incomplete there may be a delay in processing).

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE)	
SUPERVISOR'S NAME & TITLE:	BUSINESS PHONE NO.: ()	FAX: ()
	CELL NO.: ()	
YOUR POSITION TITLE:	SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:		
DATES EMPLOYED (D/M/Y)	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T <input type="checkbox"/> CASUAL
FROM: _____ TO _____ HOURS/WEEK APPROX. HRS. WORKED IN TOTAL: _____		
REASON FOR LEAVING:		
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE)	
SUPERVISOR'S NAME & TITLE:	BUSINESS PHONE NO.: ()	FAX: ()
	CELL NO.: ()	
YOUR POSITION TITLE:	SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:		

DATES EMPLOYED (D/M/Y) <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> CASUAL		
FROM: _____ TO _____ HOURS/WEEK APPROX. HRS. WORKED IN TOTAL: _____		
REASON FOR LEAVING:		
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME OF EMPLOYER:		ADDRESS OF BUSINESS (INCLUDE POSTAL CODE)	
SUPERVISOR'S NAME & TITLE:		BUSINESS PHONE NO.: ()	FAX: ()
		CELL NO.: ()	
YOUR POSITION TITLE:		SUPERVISOR'S EMAIL ADDRESS:	
DESCRIBE IN DETAIL YOUR JOB DUTIES AND RESPONSIBILITIES:			
DATES EMPLOYED (D/M/Y) <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> CASUAL			
FROM: _____ TO _____ HOURS/WEEK APPROX. HRS. WORKED IN TOTAL: _____			
REASON FOR LEAVING:			

Please list a minimum of three previous/present supervisors who may be contacted to provide reference information. If you are/were self-employed, provide names of clients/suppliers.			
Supervisor's Name	Employer at the time	Telephone No.	Fax No.
1.			
2.			
3.			
PRACTICUM INFORMATION: If you have recently completed a practicum associated with your profession, please provide a minimum of two Supervisors who may be contacted.			

<p>PLEASE READ CAREFULLY</p> <p>•1 I have completed this application in my own handwriting and understand that any misrepresentation made by me in connection with</p>

this application will be just and sufficient cause for rejection of this application or for separation from the Canadian Mental Health Association – PA Branch.

- 2 I agree to complete a pre-employment health screening (including TB skin test and/or chest x-ray) in order to document that I meet an acceptable standard of health which is a condition of employment.
- 3 I understand that if hired, I will be required to serve the probationary period.
- 4 If employed, I agree to abide by all the policies of the Canadian Mental Health Association – PA Branch and that any breach of said policies will result in dismissal. In addition, if I am offered employment, I agree to sign a confidentiality acknowledgement as a condition of my employment.
- 1 I understand that any job offer will be conditional upon the consent to and the result of a criminal record check where applicable.
- 2 I understand that CMHA - PA has a policy whereby an employee may not report directly to, or supervise, a relative.
Will this application put you in conflict with this policy? YES _____ NO _____.
If yes, please indicate the name of and the position that your relative holds within CMHA – PA that, if hired, will put you in conflict with this policy. _____
- 1 I hereby consent and authorize CMHA - PA to obtain reference information from my present and/or previous employer(s) and/or education facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.
- 2 Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for employment.

DATE: _____ **SIGNATURE OF APPLICANT:** _____