



413 Linwell Road
 St. Catharines, Ontario
 L2M 7Y2
 Phone: (905) 935-6822
 Fax: (905) 935-6847

Niagara Ina Grafton Gage Village

Application for Employment

Name: _____
 Last First Middle

Address: _____
 Apt. Street

 City Province Postal Code

Telephone: _____ **Social Insurance No:** _____

Position Applied for: _____ Full Time Part Time

Date Available: _____ **Resume Attached:** Yes No

1. Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a crime or are there any criminal charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can you be bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have any physical limitations that may affect the work you can do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment Record (Start with most recent position.)

Employer's Name: _____
 Address: _____
 Telephone: _____
 Position Held: _____
 Employed From: _____ To: _____
 Supervisor's Name: _____
 Reason for Leaving: _____

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Professional Registrations/Licenses

Registration Number	Granted By	Province	Expiry Date

Education Record

High School:

Name: _____
Address: _____
Highest Grade Completed: _____

Post High School:

Name: _____
Address: _____
Certificate/Diploma/Degree Obtained: _____

Post High School:

Name: _____
Address: _____
Certificate/Diploma/Degree Obtained: _____

How did you find out about Niagara Ina Grafton Gage Village?

Conditions of Employment:

I understand that any misrepresentation made by me in connection with this application shall be sufficient cause for separation from N.I.G.G. Village.

I agree to abide by the N.I.G.G. Village Personnel Policies and Collective Agreement.

I agree to undergo immunizations/inoculations as required.

I agree to have Collective Agreement dues deducted from my wages/salary if my position requires it.

Important: This application does not constitute an offer of employment by N.I.G.G. Village. If N.I.G.G. Village does not contact you during the 6 months following the filling of your application, you may write or telephone and ask to have it kept on file for another 6 months or file a new one, otherwise it will be destroyed.

Applicant's Signature: _____ **Date:** _____

For Office Use Only:

Applicant Hired: Yes No

Position: _____

References Checked: Yes No

Date of Hire: _____

Starting Wage: _____

Manager's Signature: _____