

CANADIAN MENTAL HEALTH ASSOCIATION, MUSKOKA-PARRY SOUND BRANCH

173-202 Manitoba Street, Bracebridge, Ontario P1L 1S3

(705) 645-2262 Fax (705) 645-7473

**AN EQUAL OPPORTUNITY EMPLOYER**

---

Position Being Applied For: \_\_\_\_\_

**PERSONAL DATA**

---

Last Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

---

Full Mailing and Street Address \_\_\_\_\_

---

Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No

Are you 16 years of age or older? Yes  No

Have you worked for us before?  If yes, when? \_\_\_\_\_

---

To determine your qualification for employment, please provide below information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

**EDUCATION**

Name of Secondary School: \_\_\_\_\_

Highest grade or level completed: \_\_\_\_\_ Type of certificate: \_\_\_\_\_

**Business or Trade School:** \_\_\_\_\_

Name of Course: \_\_\_\_\_ Length of Course: \_\_\_\_\_

License, certificate or diploma awarded? Yes  No

**Community College**

Name of Program: \_\_\_\_\_ Length of Program: \_\_\_\_\_

Diploma Received: Yes  No  Registration # \_\_\_\_\_

**University**

Name of Program: \_\_\_\_\_ Length of Program: \_\_\_\_\_

Degree Awarded: Yes  No  Pass \_\_\_\_\_ Honours \_\_\_\_\_

Major Subject: \_\_\_\_\_

---

Work related skills: \_\_\_\_\_

---

Clerical – Typing Speed: \_\_\_\_\_ w.p.m. Dictaphone Experience: Yes  No

Medical Terminology: Yes  No  Business Machine Experience: Yes  No

Describe any of your work related skills, computer skills – hardware/software, experience, or training that relate to the position being applied for.

---

---

---

---

**EMPLOYMENT**

Name of present/last employer: \_\_\_\_\_

Present/last job title: \_\_\_\_\_

Full-time  Part-time:  Casual  If casual/pt, # hours per week: \_\_\_\_\_

Period of Employment: \_\_\_\_\_  
From To

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

Functions/Responsibilities: \_\_\_\_\_

---

---

Name of previous employer: \_\_\_\_\_

Previous job title: \_\_\_\_\_

Full-time  Part-time:  Casual  If casual/pt, # hours per week: \_\_\_\_\_

Period of Employment: \_\_\_\_\_  
From To

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

Functions/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Previous job title: \_\_\_\_\_

Full-time  Part-time:  Casual  If casual/pt, # hours per week: \_\_\_\_\_

Period of Employment: \_\_\_\_\_  
From To

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

Functions/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your work history listed on your application or resume? Yes  No

Have you attached an additional sheet? Yes  No

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This is a smoke and fragrance free environment