

Application for Employment

Date: _____

Personal Information:	
Last Name:	First Name:
Address:	
City:	Province:
Postal Code:	Phone Number:
Alternate Phone Number:	Best time to contact you:

Application For:
<input type="checkbox"/> Sunrise Janitorial Services <input type="checkbox"/> Women Moving Forward Training Program

Type of Disability:
<input type="checkbox"/> Auditory <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____

Employment History (most recent first):	
Date of Last Employment:	Name of Employer:
Length of Employment:	Position Held:

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Work Experience: (list of duties responsible for – relating to Janitorial Service)

Social Service Agency you're affiliated with:

- | | |
|---|--|
| <input type="checkbox"/> Community Living Toronto | <input type="checkbox"/> Christian Horizon's |
| <input type="checkbox"/> Rena | <input type="checkbox"/> Corbrook |
| <input type="checkbox"/> Aptus | <input type="checkbox"/> None |
| <input type="checkbox"/> Family Services Toronto | <input type="checkbox"/> Other: _____ |

Type of Income:

- Presently earning a competitive wage
- Collecting/application filed for Employment Insurance
- Ontario Disability Support Program
- Other: (please explain) _____

Education and Training:

- | | |
|--|--|
| <input type="checkbox"/> Highest level in High School Completed
_____ | <input type="checkbox"/> WHIMIS |
| <input type="checkbox"/> GED | <input type="checkbox"/> Health and Safety |
| <input type="checkbox"/> Post-Secondary Completed | <input type="checkbox"/> Fire Prevention |
| <input type="checkbox"/> Some Post-Secondary Completed | <input type="checkbox"/> First Aid and CPR |

Mode of Transportation

- Public Transportation (Circle all that apply)
 - Taxi
 - TTC
 - Wheel Trans
- Drivers License
- Family Driven