



CHESHIRE HOMES OF LONDON INC.
 1111 Elias Street, Unit 2
 London, Ontario N5W 5L1

Type of Work Applying for	Date Available to Begin Work
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PERSONAL INFORMATION

Last Name		First Name	
Address: Street Number and Street Name			Apartment/Unit Number
City			Postal Code
Home Telephone Number	Day Telephone Number	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Available to Work		If applying for Outreach positions:	
<input type="checkbox"/> Days	<input type="checkbox"/> Weekends	Do you possess a valid driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Midnights	<input type="checkbox"/> Full Time	Do you own or have access to a reliable private vehicle for work purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Evenings	<input type="checkbox"/> Part Time (Specify days and hours available if part-time.)		

To determine your qualification for employment with us, please provide below and on the following pages information related to your academic and employment history. Please include volunteer work where applicable. A resume and/or additional information may be attached.

EDUCATION

SECONDARY SCHOOL	Highest Grade or Level completed	Certificate or Diploma obtained	
BUSINESS, TRADE, OR SECONDARY SCHOOL		License, Certificate, or Diploma Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY COLLEGE	Name of Program	Length of Program	
UNIVERSITY	Length of Course	Degree Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Subject
		Diploma Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other courses taken or Certificates received:			

SKILLS AND RELATED EXPERIENCE

Please summarize any other skills, experience and training that relate to the position being applied for:

External Application Form

EMPLOYMENT HISTORY (Beginning with your present or most recent employer)

Name of Present/Last Employer		Dates of Employment From: To:
Address of Present/Last Employer		
Job Title	Type of Business	
Name of Supervisor	Telephone Number	
Duties and Responsibilities		
Reason for Leaving		

Name of Previous Employer		Dates of Employment From: To:
Address of Previous Employer		
Job Title	Type of Business	
Name of Supervisor	Telephone Number	
Duties and Responsibilities		
Reason for Leaving		

For employment references, may we approach:

Your present/last employer? Yes No

Your former employer(s)? Yes No

If you have any other references please list on a separate sheet.

Have you attached any additional sheets? 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

External Application Form