

CANADIAN MENTAL HEALTH ASSOCIATION - PEEL BRANCH

Application for employment

Personal information

Name of applicant: _____

Address: _____

Telephone: _____

Email: _____

Are you 18 years or older? Yes ____ No ____

Are you currently employed? Yes ____ No ____

Are you legally entitled to work in Canada? Yes ____ No ____

Have you ever been convicted of a criminal offence for which a pardon has not been granted?
Yes ____ No ____

Do you have access to a reliable vehicle? Yes ____ No ____

Do you have a valid Ontario Driver's license and minimum \$1 million third party insurance?
Yes ____ No ____

Have you worked with CMHA before? Yes ____ No ____

Are you prepared to work in Mississauga and/or Brampton? Yes ____ No ____

If hired, when can you start work? (please specify date) _____

What languages to you speak, apart from English? _____

Position applied for: _____

Educational qualifications

<u>Institution</u>	<u>Year attended</u>	<u>Degree/Diploma obtained</u>

Additional Training obtained

Name of course	Date of training	Obtained at
ASIST (Suicide Prevention)		
CPR/First Aid		
NVCI (Non Violent Crisis Intervention)		
Other		

Employment History

Please indicate if paid, placement or volunteer

Dates From –To	Name of Employer	Position

May we contact your present or previous employer for references? Yes _____ No _____

How did you find out about this employment opportunity?

Job posting _____ Newspaper _____ Website _____ Other (please specify) _____

Please read carefully:

I hereby state that the above information provided by me is correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal, if hired. If hired, I agree to abide by all rules and regulations of the company, including serving an initial probationary period.

Signature of applicant: _____ Date : _____