



SCAPD APPLICATION FOR EMPLOYMENT OPPORTUNITIES

hr@scapd.on.ca

(PLEASE PRINT CLEARLY AND COMPLETE ALL THE INFORMATION ON THIS FORM)

PERSONAL INFORMATION

Name Given Name Last Name

Address Apt. Street City Province Postal Code

Home Telephone Number ()

Business Telephone Number ()

Type of work applying for:

Full Time Part Time Casual

Attendant Care Other Programs

Management/Professional

Administrative

Days and hours available to work:

Are you legally entitled to work in Canada? Do you have a valid drivers license? If Yes, Do you have a reliable vehicle? Yes No Yes No Yes No

EDUCATION

(Do not write in the name of the school, college or university)

Secondary School Highest grade or level completed:

Type of certification or diploma obtained:

Community College name of program:

Diploma Received: Yes No Length of program:

University Major Degree awarded Yes No

Describe any additional training that relates to the position being applied for:



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EMPLOYMENT/VOLUNTEER HISTORY

(Please indicate which positions were employment and/or volunteer, telephone numbers must be provided)

1. Name and address of present/past employer: _____

Job title _____ Period of Employment: _____
(From To)

Name of Contact Person: _____ Title: _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____

2. Name and address of present/past employer: _____

Job title: _____ Period of Employment: _____
(From To)

Name of Contact Person: _____ Title: _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____



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3. Name and address of present/past employer: _____

Job title: _____ Period of Employment: _____
(From To)

Name of Contact Person: _____ Title: _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____

REFERENCES

The Association requires a minimum of three (3) references

For employment references, may we contact the entire list of employer references on this application? Yes No (If No, please identify below)

Please give additional reference information if required

Please give at least one character reference.



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Additional Related Skills Or Activities (optional)

List any additional work related skills, volunteer experiences or training, which you feel would be of benefit to your work with the Simcoe County Association for the Physically Disabled.

Have you attached an additional sheet or resume: Yes No

I hereby declare that the information is true and complete to my knowledge. I understand that a false statement may disqualify me from an employment position with the Association.

Signature: _____ Date: _____

Send your application using the following options:

Mailing Address: S.C.A.P.D.
1102-44 Cedar Pointe Drive
Barrie, Ontario L4N 5R7
Attn: Human Resources

Email: hr@scapd.on.ca

Fax: (705) 737-1874
Attn: Human Resources