



YARMOUTH ASSOCIATION FOR COMMUNITY RESIDENTIAL OPTIONS

P.O. Box 866, Yarmouth, Nova Scotia B5A 4K5

Ph. 742-9258
Fax: 742-0156

YACRO

JOB APPLICATION

The more you write the easier it is for us to know if you are going to fit within our Agency. Attach extra paper as necessary.

Name _____
Surname First Middle

Address _____
Street, Apt.

_____ City Province Postal Code

Telephone _____ Fax _____ E-mail _____

Position(s) Applying For: _____

Check One: Full Time _____ Part Time _____ Seasonal _____

Hours/Days Available _____ Hours/Days Available _____

Why do you want this position(s)?

What special competencies would you bring to this position(s)?

1. WORK EXPERIENCE: Please begin with your present or most recent employer.

Name of Business: _____ Type of Business: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Start Date: _____ Leave Date: _____

Job(s) Title: _____ Salary/Wage: _____

Job Duties/Responsibilities: _____

What were your reasons for leaving? _____

What would your supervisor say about you? _____

Supervisor: _____ Telephone: _____

May we contact your supervisor: Yes _____ No _____

Name of Business: _____ Type of Business: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Start Date: _____ Leave Date: _____

Job(s) Title: _____ Salary/Wage: _____

Job Duties/Responsibilities: _____

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May we contact your supervisor: Yes _____ No _____

2. EDUCATION AND TRAINING

Circle the highest grade completed

8,9,10,11,12
High School

1,2,3,4,5
University

1,2,3,4,5
Graduate School

Please provide information about your education:

High School, Trade or Vocational School & University

School/Name: _____

Degrees/Diplomas _____ Date of Completion: _____

School/Name: _____

Degrees/Diplomas _____ Date of Completion: _____

School/Name: _____

Degrees/Diplomas _____ Date of Completion: _____

Special Qualifications or Certificates

Qualifications/Certificates: _____

School Name/Institution: _____ Date of Completion: _____

Qualifications/Certificates: _____

School Name/Institution: _____ Date of Completion: _____

Qualifications/Certificates: _____

School Name/Institution: _____ Date of Completion: _____

Industry & Business Training, include seminars & workshops

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

Course Title: _____ Date Taken: _____

Company/Institution providing the training: _____

What did you learn? _____

How did the course help you in your work? _____

3. PERSONAL

What are your special interests & activities?

What are your personal goals?

What are your career goals?

What do you do to reduce stress?

Languages Spoken	Languages Written	Grade Level Proficiency

What are your personal strengths and weaknesses?

Strengths	Weaknesses

What teams have you worked or played on?

To be a team player, what must a person do & not do?

Do's	Don't's

Why do you want this job?

Anything else you wish to tell us about yourself?

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

Do you have a valid driver's license? Yes ___ No ___

Are you bondable? Yes _____ No ___

Have you been convicted of a criminal offence for which you have not been pardoned?
Yes ___ No ___

Do you have any physical or mental disabilities that might impair you when doing the job that
you are seeking? Yes _____ No ___

May we contact a police record verification? Yes ___ No ___

May we contact you at work? Yes ___ No ___ If not, how do we reach you during the day?

SIGNATURE: _____

DATE: _____