



Application for Employment (Local)

Position you are applying for : _____

___ Live-in ___ Live-out (Pls. check one) ___ Full time ___ Part time (Pls. check one)

Personal Information :

First Name: _____ Last name: _____

Date of Birth: ___/___/___ Sex : M / F Height : ___/___ ft./in. Weight: ___ lbs

Place of Birth: _____ Marital Status : _____ # of Children: _____

What is your status in Canada? _____

If you are a Canadian Citizen go to next section, otherwise answer the following questions:

What is your Nationality? _____ Are you legally allowed to work in Canada? _____

Education :

Highest level of education obtained:

University/College/School: _____ Year Graduated : _____

Years in Univ./College: _____ Degree/Diploma/Certificate received: _____

Total number of years of education including elementary : _____

Special Education:

Have you completed 6 months full time Caregiver course: Yes _____ No _____

Do you have any special training in Child care/Elderly care/Care for Disabled ? : Yes _____ No _____

If yes, please provide details : _____

Do you have any of the following certificates : CPR _____ First Aid _____

Do you have any Nursing or Health related training : Yes _____ No _____

If yes, please provide details : _____

List any special skills that you think might help you perform your duties well : _____

Language Skills :

List the languages you can speak/read/write:

Language 1 : _____ Speak : ____ Read: ____ Write : ____

Language 2 : _____ Speak : ____ Read: ____ Write : ____

Language 3 : _____ Speak : ____ Read: ____ Write : ____

Work Experience :

Tell us about your employment history, starting with the most recent one. Please make sure to include Name of the employer, country where you worked for this employer, your position, period of your employment (dates from/to) , reason for leaving, your responsibilities during your employment with this employer. If you were taking care of any children, please provide ages of the children, were there any pets in the household. If you were caring for a disabled person or elderly, please provide us with details as this will help us in finding you a suitable employer. We may ask you to provide us with employer's telephone number later for reference check. If you need more space use back of this page.

Employer # 1(Most recent) : _____

Employer # 2 _____

Employer # 3 _____

Please answer the following questions :

Do you cook ?Yes____No ____ If yes, what kind? _____

Do you drive? Yes____No____ If yes, do you have Canadian Driver's License? Yes____No ____

Can you swim? Yes ____ No ____

Do you smoke? Yes ____ No ____

Do you drink alcohol? Yes ____ No ____

Can you take care of pets? Yes____No____ If yes, What kind? _____

Can you work on flexible schedule? Yes ____ No ____

Can you work overtime if paid? Yes ____ No ____

What are your Hobbies & Interests : _____

Do you have any Medical concerns? Yes ____No ____ If yes, give details below: _____

Do you have any allergies? Yes ____ No ____ If yes, please provide details: _____

Did you have any surgery done on you in the past 1 year? Yes ____ No ____

Do you have any physical defects? Yes ____ No ____

Have you ever been accused of theft? Yes ____ No ____

Have you ever been convicted of a criminal offence? Yes ____ No ____

Are you the subject of pending criminal charges? Yes ____ No ____ If yes, provide details below:

Character References:

Name	Address	Telephone #	# of years known	Relationship
1.				
2.				
3.				

BY SUBMITTING THIS application, I agree that the information provided by me on the Questionnaire/Application is true to the best of my knowledge. I understand that MAGNUS Resources may conduct a reference check. The Reference check including information regarding character, Past Employment, Criminal record, knowledge, capabilities, and reputation. I understand that MAGNUS Resources is a referral agency and not an employer. I understand that the submission of this application for employment will not guarantee me an employment.

Signature : _____ Date : ____/____/____

Name : _____

Address: _____

Email: _____

Emergency Contact : _____ Telephone No. _____



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