

RECORD OF EDUCATION

You must provide a copy of your certificates/diplomas/degrees with your application

School	COURSE OF STUDY	Check last grade completed				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
		7	8	9	10		
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List below, beginning with your most recent, all present and past employment

1. Name & address of Company, and type of Business	From Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
	Describe the work you did:						
Telephone							

2. Name & address of Company, and type of Business	From Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Reason for Leaving	Name of Supervisor
	Describe the work you did:						
Telephone							

3. Name & address of Company, and type of Business	From Mo.	Yr.	To Mo.	Yr.	Weekly Starting Salary	Reason for Leaving	Name of Supervisor

	Describe the work you did:
Telephone	

May we contact the employers indicated above? ____ If not, indicate by number which one(s) you do not wish us to contact _____

PROFESSIONAL REFERENCES

You must include three professional references (name, position, title, and telephone number), of past or present supervisors.

Name and Occupation	Address	Phone Number

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization?

IMPORTANT NOTICE: K.S.C.S. is an equal opportunity employer that does not discriminate on the basis of actual or perceived race, colour, sex, pregnancy, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, a handicap or the use of any means to palliate a handicap, all in accordance with and subject to the applicable legislation. Our management team is dedicated to insuring the fulfillment of this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at K.S.C.S. are based on merit, qualifications, and abilities. In addition, K.S.C.S. will endeavor to provide a reasonable accommodation with regard to any known protected characteristic of qualified employees and applicants unless such accommodation would impose an undue hardship on our operations.

IMPORTANT – PLEASE READ CAREFULLY THE FOLLOWING DECLARATIONS, QUESTION AND AUTHORIZATION BEFORE SIGNING THEM:

(A) – I declare that with the exception of (please provide details): _____

_____, I do not have, nor ever had, any health problem or functional disability that can, or could eventually render my work output at Kahnawake Shakotia'takehnhas Community Services ("K.S.C.S.") less than what would normally be expected.

I understand that any employment offer can be made conditional upon my successful completion of interviews, ability tests, psychological tests and medical examinations for the purpose of evaluating my professional ability to perform the tasks and discharge the responsibilities related to the employment which I could be offered. In addition, should I be hired I agree to submit for the same purpose to all requested examinations and tests, medical and others, and to comply with employment regulations and procedures that can be in effect from time to time at K.S.C.S.

Signature of Applicant

Date

(B) – Have you ever been convicted (i) of a criminal offence or (ii) statutory offence for which a pardon has not been granted? **YES** ___ **NO** _____. Are you currently charged with (i) a criminal offence or (ii) statutory offence? **YES** ___ **NO** _____.

If **YES** to either preceding question, please provide full details:

Signature of Applicant

Date

(C) – I understand that K.S.C.S. must collect and verify information about me for the purpose of evaluating my professional ability to perform the work which I could be offered within its organizational environment. Consequently, I authorize K.S.C.S. and its representatives to contact any present or former employer, health professional, other persons, institutions and organizations, whether listed or not in this Application for Employment, for the purpose of verifying my employment history, my schooling, my professional ability to perform the tasks and discharge the responsibilities related to the employment which I could be offered, and any other element related thereto. For that purpose I hereby expressly authorize any present or former employer, health professional, other persons, institutions and organizations holding information about me to disclose it to K.S.C.S. or its representatives. I agree to cooperate within that verification process and hereby release and discharge all such persons from any liability that could arise from the disclosure of that information. In addition, I expressly acknowledge that a photocopy of this authorization is as legally valid as the original.

I declare that the information provided by me in this Application for Employment or relating thereto is complete and true to the best of my knowledge and belief. I understand and acknowledge that any misrepresentation, false declaration or omission with regard to a material fact, whether related to this Application for Employment or the verification process referred to above, shall constitute serious, just and sufficient cause for my dismissal if ever hired by K.S.C.S.

Signature of Applicant

Date

Your application must include your educational certification otherwise it will be considered incomplete and therefore, will not be considered for the selection process.