



# SASKATOON HOUSING AUTHORITY

## EMPLOYMENT APPLICATION FORM

The personal information on this form is collected under the Provincial Freedom of Information and Protection of Privacy Act and in accordance with the Provincial Human Rights Act. The information will be used to assess your qualifications for employment in the position indicated below. Please read carefully and complete all areas of this application.

### EMPLOYMENT DATA

|   |   |                                    |
|---|---|------------------------------------|
| Position Applying For   |   |                                    |
| 1. Office <input type="checkbox"/>  | 2. Maintenance <input type="checkbox"/> | 3. Other <input type="checkbox"/>  |
| Type of Employment (If applicable)  |   |                                    |
| Permanent <input type="checkbox"/>  | Temporary <input type="checkbox"/>      | Full-Time <input type="checkbox"/> |
| Part-Time <input type="checkbox"/>  |   |                                    |
| Where did you learn about this opportunity?   |   |                                    |
| SHA Website <input type="checkbox"/>  | Job Websites:                           | Other (Identify):                  |
| Have you ever worked for the Saskatoon Housing Authority or other Housing Authority before? <b>If Yes</b> , when? |   |                                    |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/>             |                                    |
| Are you available for after-hours work and/or weekends?   |   |                                    |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/>             |                                    |
| If hired, when can you begin work?  |   |                                    |

### PERSONAL INFORMATION

|   |                             |            |             |
|---|-----------------------------|------------|-------------|
| Last Name   |                             | First Name |             |
| Home Phone #  | Cell Phone #                | Email      |             |
| Street Address  | City/Town                   | Province   | Postal Code |
| Are you legally entitled to work in Canada?   |                             |            |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> |            |             |
| Have you ever been convicted of a criminal offence for which you have not been pardoned? <b>If Yes</b> , explain (If additional space required, attach a separate letter).  |                             |            |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> |            |             |
| Do you have a disability that will interfere with your ability to perform the job for which you have applied? <b>If Yes</b> , explain what functions can you not perform and what accommodations could be made which would allow you to do the work adequately? (If additional space required, attach separate letter). |                             |            |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> |            |             |

### EDUCATION AND TRAINING

|   |
|---|
| Grade 12 Completed?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If No</b> , indicate highest grade completed: _____ |

#### Post-Secondary

| Institution Name and Address | Degree                   | Diploma                  | Certificate              | Date Completed                  |
|------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| Name                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____/_____/_____<br>Month Year |
| Address                      |                          |                          |                          |                                 |
| Name                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____/_____/_____<br>Month Year |
| Address                      |                          |                          |                          |                                 |
| Name                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____/_____/_____<br>Month Year |
| Address                      |                          |                          |                          |                                 |

|  |
|--|
| Program or areas studied:  |
| Business <input type="checkbox"/> Engineering <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Other: |

|  |   |   |                             |
|--|---|---|-----------------------------|
| Do you currently possess a valid Driver's License? |   | Has your license ever been revoked/suspended? |                             |
| Yes <input type="checkbox"/>                       | No <input type="checkbox"/>   | Yes <input type="checkbox"/>                  | No <input type="checkbox"/> |
| Computer experience:                               |   |   |                             |
| Microsoft Office <input type="checkbox"/>          | Internet <input type="checkbox"/>   | Other:  |                             |
| Typing Speed: _____ w.p.m.                         | Please list memberships in professional, technical or other associations (ethnic, religious & political groups excluded): |   |                             |

**ADDITIONAL INFORMATION**

Do you have any special skills (such as equipment operator skills), qualifications, languages spoken/written, computer skills, academic honours, scholarships, experience, or interests that you feel would benefit our organization?

**EMPLOYMENT HISTORY**

Please list all positions you have held, beginning with the most recent. Should you require more space, please attach a separate sheet to this application.

|  |   |             |                               |
|--|---|-------------|-------------------------------|
| 1. Company Name  |   | Telephone # |                               |
| Street Address   |   | City/Town   | Province                      |
|  |   | Postal Code |                               |
| Type of Business   | Nature of Duties from Start to Leaving: |             |                               |
| Position   |   |             |                               |
| Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> |   |             |                               |
| Starting Salary <input type="text"/> \$  |   |             |                               |
| Employed From: _____   | Reason for Leaving:                     |             | Immediate Supervisor:<br>Name |
| Month Year   |   |             |                               |
| To: _____  | Reason for Leaving:                     |             | Title                         |
| Month Year   |   |             |                               |
| Number of People Supervised:   |   |             |                               |

|  |   |             |                               |
|--|---|-------------|-------------------------------|
| 2. Company Name  |   | Telephone # |                               |
| Street Address   |   | City/Town   | Province                      |
|  |   | Postal Code |                               |
| Type of Business   | Nature of Duties from Start to Leaving: |             |                               |
| Position   |   |             |                               |
| Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> |   |             |                               |
| Starting Salary <input type="text"/> \$  |   |             |                               |
| Employed From: _____   | Reason for Leaving:                     |             | Immediate Supervisor:<br>Name |
| Month Year   |   |             |                               |
| To: _____  | Reason for Leaving:                     |             | Title                         |
| Month Year   |   |             |                               |
| Number of People Supervised:   |   |             |                               |

|  |                |   |             |                       |  |
|--|----------------|---|-------------|-----------------------|--|
| 3. Company Name  |                |   | Telephone # |                       |  |
| Street Address   |                | City/Town                               | Province    | Postal Code           |  |
| Type of Business   |                | Nature of Duties from Start to Leaving: |             |                       |  |
| Position   |                |   |             |                       |  |
| Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> |                |   |             |                       |  |
| Starting Salary  | Current Salary |   |             |                       |  |
| \$   | \$             | Employed From:                          |             | Reason for Leaving:   |  |
|  |                | Month                                   | Year        | Immediate Supervisor: |  |
|  |                | Month                                   | Year        | Name                  |  |
| Number of People Supervised:   |                |   |             | Title                 |  |

|  |                |   |             |                       |  |
|--|----------------|---|-------------|-----------------------|--|
| 4. Company Name  |                |   | Telephone # |                       |  |
| Street Address   |                | City/Town                               | Province    | Postal Code           |  |
| Type of Business   |                | Nature of Duties from Start to Leaving: |             |                       |  |
| Position   |                |   |             |                       |  |
| Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> |                |   |             |                       |  |
| Starting Salary  | Current Salary |   |             |                       |  |
| \$   | \$             | Employed From:                          |             | Reason for Leaving:   |  |
|  |                | Month                                   | Year        | Immediate Supervisor: |  |
|  |                | Month                                   | Year        | Name                  |  |
| Number of People Supervised:   |                |   |             | Title                 |  |

|  |                |   |             |                       |  |
|--|----------------|---|-------------|-----------------------|--|
| 5. Company Name  |                |   | Telephone # |                       |  |
| Street Address   |                | City/Town                               | Province    | Postal Code           |  |
| Type of Business   |                | Nature of Duties from Start to Leaving: |             |                       |  |
| Position   |                |   |             |                       |  |
| Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> |                |   |             |                       |  |
| Starting Salary  | Current Salary |   |             |                       |  |
| \$   | \$             | Employed From:                          |             | Reason for Leaving:   |  |
|  |                | Month                                   | Year        | Immediate Supervisor: |  |
|  |                | Month                                   | Year        | Name                  |  |
| Number of People Supervised:   |                |   |             | Title                 |  |

**OTHER TIME**

Please account for your time during any interval of unemployment other than when you were attending school. (You may decline to list any illnesses or leaves of absences relating to disability).

|       |             |       |
|-------|-------------|-------|
| Date  | Explanation |       |
| From: | _____       | _____ |
|       | Month       | Year  |
| To:   | _____       | _____ |
|       | Month       | Year  |

|       |             |       |
|-------|-------------|-------|
| Date  | Explanation |       |
| From: | _____       | _____ |
|       | Month       | Year  |
| To:   | _____       | _____ |
|       | Month       | Year  |

**REFERENCES**

May we contact your present/last employer? Yes  No  Your former employers? Yes  No

| Full Name | Street Address | City/Town | Province | Telephone | Years Known | Present/Most Recent Occupation |
|-----------|----------------|-----------|----------|-----------|-------------|--------------------------------|
|           |                |           |          |           |             |                                |
|           |                |           |          |           |             |                                |
|           |                |           |          |           |             |                                |

**DECLARATION (Please read carefully)**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY CONSENT TO THE COLLECTION AND VERIFICATION OF THE INFORMATION PROVIDED AND UNDERSTAND THAT ANY MISREPRESENTATION OF THE FACTS AND ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION MAY CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT.

|           |      |
|-----------|------|
| Signature | Date |
|           |      |