

## DIOCESE OF MOOSONEE

### *APPLICATION FOR EMPLOYMENT*

<b>PERSONAL DATA:</b>		
Last Name	Given Name	Social Insurance Number
Address	Apt. Number	Home Telephone Number (   )   -
City / Province	Postal Code	Business Telephone Number (   )   -
Are you legally eligible to work in Canada?  9 Yes            9 No	Religious Denomination:  Date and place of Baptism:  Date and place of Confirmation:	
	Do you have a valid Driver=s License?  9 Yes            9 No	Are you willing to serve anywhere in the Diocese?  9 Yes            9 No

<b>EDUCATION</b>	
<b>SECONDARY SCHOOL</b> Name / Address	<b>BUSINESS / TRADE / TECH. SCHOOL</b> Name / Address
Highest grade or level completed	Course Name                      Course Duration
Type of Certificate or Diploma Received	Licence / Certificate / Diploma Awarded  9 Yes                      9 No
<b>COLLEGE</b> Name / Address	<b>UNIVERSITY</b> Name / Address
Course Name                      Course Duration	Course Name                      Course Duration
Diploma Received 9 Yes                      9 No	Degree Awarded?                      Major Subject  9Yes                      9 No
<b>OTHER PASTORAL TRAINING</b> Name / Address	<b>THEOLOGY COLLEGE</b> Name / Address
Comments	Course Name                      Course Length Degree                      Diploma

<b>EMPLOYMENT RECORD (Present)</b>		
Name	Address	Telephone Number ( ) -
Type of Business	Name of Supervisor	Job Title
Duties / Responsibilities	Reason for Leaving	Final Salary
	Period of Employment	From To

<b>EMPLOYMENT RECORD (Previous)</b>		
Name	Address	Telephone Number ( ) -
Type of Business	Name of Supervisor	Job Title
Duties / Responsibilities	Reason for Leaving	Final Salary
	Period of Employment	From To

<b>EMPLOYMENT RECORD (Previous)</b>		
Name	Address	Telephone Number ( ) -
Type of Business	Name Of Supervisor	Job Title
Duties / Responsibilities	Reason for Leaving	Final Salary
	Period of Employment	From To

<b>For employment references, may we approach:</b>		
Your present / last Employer	9 Yes	9 No
Your former Employer(s)	9 Yes	9 No

<b>WORK RELATED SKILLS</b>
Describe any of your work related skills, experiences, or training that relate to the position being applied for: <i>Note: for ordained ministry positions, use separate pages(s), with reference to profile and position description.</i>

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## REFERENCES

Please list the names and addresses of three (3) persons who are willing to provide a character reference, one of whom, where appropriate, should be a former Church Warden with whom you have worked (no relatives please).

	Name	Address	Telephone Number
1			( ) -
2			( ) -
3			( ) -

I have not been found guilty of an offense under the Criminal Code, the Food and Drug Act, the Narcotic Control Act, or other related Act of the Parliament of Canada, and / or any similar or parallel acts or statutes of any country in which I have been a resident, for which a pardon has not been granted.

Signature	Dated

I have been found guilty of an offense under the Criminal Code, the Food and Drug Act, the Narcotic Control Act, or any other related Act of the Parliament of Canada, and / or similar or parallel acts or statutes of any country in which I have been a resident, for which a pardon has not been granted.

Signature	Dated

Please explain prior convictions and when they took place

## PRIVACY ACT

At the Diocese of Moosonee, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a payroll, H/R, and or benefits file. Access to your information will be limited to:

- \* authorized employees of payroll and or H/R departments
- \* third parties , in accordance with applicable law, for the sole purpose of providing you with retirement, benefit and insurance programs
- \*persons to whom you have granted access to: and

Our Privacy Policy sets high standards for collecting, using, disclosing and storing personal information and is complemented by our practices and procedures to manage your personal information.

We do not disclose personal information without your permission except in limited circumstances as permitted or required by law.

You have the right to request access to the personal information in your file, and , if necessary, correct any inaccurate information.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature	Date