



London International Academy

Application for Employment

London International Academy is an equal opportunity employer; we are dedicated to a policy of non-discrimination in employment on any basis including race, color, national origin, age, sex, sexual orientation, religion, the presence of any mental, physical or sensory disability or any other basis as in accordance with the Canadian Employment Standards Act, 2000.

Date: _____

We appreciate your interest in London International Academy. Only those candidates selected for further consideration will be contacted. Thank you for taking the time to complete this application. Please Print Clearly.

POSITION DESIRED							
Position applied for:							
Rate of expected pay \$:							
Full Time:		Part Time:		*If part time please specify days and hours below			
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Have you previously been employed by LIA?				If yes, when?			
If your application is considered favourable, what date would you be available:							

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Social Insurance Number:		Referred By:
Street Address:		
City:	Province:	Postal Code:
Home Phone Number: ()	Mobile Phone Number: ()	
May we telephone you to follow up on this application at your home?	If yes, what is the best time to reach you?	
E-mail address:		

EDUCATION HISTORY			
	School Name and Location	Course of Study: Including Major	Years Completed Did you receive a Diploma or Degree
High School			
College			
University			
Other			
Other			



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EMPLOYMENT HISTORY		
*Please list below present & past employment, beginning with your most recent		
1	Job Title:	
Name and Address of Employer:		
Dates of Employment	Start:	Finish:
Describe your role and responsibilities:		
Rate of Pay:		
Reason for Leaving:		
Supervisor's Name:		Supervisor's Contact Information: ()
2	Job Title:	
Name and Address of Employer:		
Dates of Employment	Start:	Finish:
Describe your role and responsibilities:		
Rate of Pay:		
Reason for Leaving:		
Supervisor's Name:		Supervisor's Contact Information: ()
3	Job Title:	
Name and Address of Employer:		
Dates of Employment	Start:	Finish:
Describe your role and responsibilities:		
Rate of Pay:		
Reason for Leaving:		
Supervisor's Name:		Supervisor's Contact Information: ()
I hereby give my permission to contact the employers listed above, concerning my prior work experience as indicated below:		
Employer 1	YES	NO
Employer 2	YES	NO
Employer 3	YES	NO



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Are there any other job related experiences, skills or qualifications which would be of benefit to the job that you are applying for?

ADDITIONAL COURSES, CERTIFICATES & COMPUTER SKILLS		
Type	Description	Date Received *if applicable

REFERENCES		
(Applicants are asked not to list relatives, or members of clergy)		
1	Name: _____	
	Occupation: _____	Phone Number: () _____
2	Name: _____	
	Occupation: _____	Phone Number: () _____
3	Name: _____	
	Occupation: _____	Phone Number: () _____

APPLICANT'S DECLARATION:

I certify that all statements in this application are true. I agree and understand that any information that is found to be untrue in this application will result in the loss of all right to employment.

_____ Signature of Applicant