



Competition #: _____

Once completed, please submit to our office by utilizing one of the following: Fax: (902) 541-3083 -
Mail: 69 Wentzell Dr., Bridgewater, NS B4V 0A2 Email: receptionist@ssrce.ca

Personal Information (please print)

Last Name		First Name(s)	
Address		Town/City	
Province	Postal Code	Phone No. (Home)	Phone No. (Cell)
Email Address		When would you be available to start?	
Were you previously employed with the Regional Centre?		Yes	No

Education and Training

Education and Training	Certificate/Diploma/Degree Received?		Name of Certificate/Diploma/Degree Received	Name and Location of Educational Institution
	Yes	No		
High School	Yes	No		
Community College, Business School, Technical School, etc.	Yes	No		
University	Yes	No		

Skills and Abilities

First Aid	Level	Expiry Date
CPR	Level	Expiry Date
WHMIS	Completion Date	
Driver's License	Class	Endorsements
Other		
Other		

Employment History (Start with your current or most recent employer)

Employer		Supervisor's Name
Start Date (YY/MM/DD)	End Date (YY/MM/DD)	Position
Responsibilities		
Reason for Leaving		

Employer		Supervisor's Name
Start Date (YY/MM/DD)	End Date (YY/MM/DD)	Position
Responsibilities		
Reason for Leaving		

Employer		Supervisor's Name
Start Date (YY/MM/DD)	End Date (YY/MM/DD)	Position
Responsibilities		
Reason for Leaving		

References

(One of your references must be your current or most recent immediate supervisor. A total of 3 references is required)

Name	Relationship	Work Place	Phone Number

Applicant's Declaration

I certify that all statements in this application are true.

Signature	Date (YY/MM/DD)
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