



Employment Application
White Point, Queens County
 Nova Scotia, B0T 1G0
 Fax 902-354-7278, Phone 902-354-2711
Employment@whitepoint.com / www.whitepoint.com

Position applied for:

Date of application:

Full Name: _____ Signature: _____ S.I.N: _____ - _____ - _____

Address: _____

Phone # _____ Are you over 16 years of age? Yes No

Email Address: _____ Are you fluent in English? _____ French? _____ Other? _____

Did a White Point Staff Member recommend you apply? If Yes, Who: _____

Do you have any physical limitations you wish us to take into consideration?

If Yes, please explain _____

Education: Highest School grade attained: _____ University: _____

Other Courses / Schooling: _____

When are you available to start? _____

If you are returning to school, what is the last date you are available for work? _____

Employment: Currently employed? Yes No May we contact Employer? Yes No

Most recent working position: _____ Supervisor Name: _____

Company Name: _____ Phone Number: _____

Reason for leaving: _____ Employed From: _____ To: _____

Previous: Working position: _____ Supervisor Name: _____

Company Name: _____ Phone Number: _____

Reason for leaving: _____ Employed From: _____ To: _____

Other: Interests / Skills: _____

References: Name/Phone/Relationship (non-family) _____

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