

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, handicap, or other protected status.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE Area Code ()	BUSINESS TELEPHONE Area Code ()	ARE YOU EMPLOYED NOW?
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?	HAVE YOU WORKED HERE BEFORE? IF Yes, WHEN?	
IF HIRED, WHEN CAN YOU START WORK?	DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?	
ARE YOU BONDABLE?	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?	
DO YOU WANT TO WORK - FULL-TIME ☞ PART-TIME ☞ TEMPORARY ☞		
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?		

EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
YEAR LAST ATTENDED																				
LEVEL COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED																				
COURSE OF STUDY																				
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION																				
<i>Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.</i>																				

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

PRESENT OR LAST EMPLOYER	ADDRESS
TYPE OF BUSINESS	PHONE NUMBER Area Code ()
YOUR JOB TITLE	PERIOD EMPLOYED From (Mo/Yr) To (Mo/Yr)
NAME AND TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
DESCRIBE JOB DUTIES AND RESPONSIBILITIES	

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER Area Code ()	
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER Area Code ()	
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?		MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

REFERENCE 1 NAME	ADDRESS
RELATION	BEST TIME TO CONTACT
DAY TIME PHONE NUMBER Area Code ()	EVENING PHONE NUMBER Area Code ()

REFERENCE 2 NAME	ADDRESS
RELATION	BEST TIME TO CONTACT
DAY TIME PHONE NUMBER Area Code ()	EVENING PHONE NUMBER Area Code ()

REFERENCE 3 NAME	ADDRESS
RELATION	BEST TIME TO CONTACT
DAY TIME PHONE NUMBER Area Code ()	EVENING PHONE NUMBER Area Code ()

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If considered for employment, I agree to the verification of my stated background, the submission of a recent criminal record check and the serving of an initial probationary period. I agree to abide by all rules and regulations of the Company.

Applicant Signature _____ **Date** _____