

Position Applied For	Expected Wages
	Date Available

APPLICATION FOR EMPLOYMENT *Please Print or Type*

SURNAME	FIRST	MIDDLE	TELEPHONE
ADDRESS	STREET	CITY	PROVINCE
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA			Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION RECORD

	SCHOOL NAME	SUBJECT	Diploma/Degree Awarded
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
BUSINESS TRADE OR TECHNICAL SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
COMMUNITY COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
UNIVERSITY			YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:

ADDITIONAL COURSES, SEMINARS, WORKSHOPS: _____

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR: _____

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	FROM	LAST SALARY	JOB TITLE
ADDRESS	TO	\$	DUTIES, RESPONSIBILITIES
REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		

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REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		

HAVE YOU EVERY BEEN EMPLOYED BY THE COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES _____ FROM TO	WHAT SOURCE REFERRED YOU TO THIS COMPANY?
WHAT WAS YOUR POSITION? (WHEN YOU LEFT)	WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU WILLING TO RELOCATE? Answer only if job related. _____ Preferred Locations YES <input type="checkbox"/> NO <input type="checkbox"/>

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS: (Do not list clubs or organizations of a Religious, Racial, Political Character)

REFERENCES LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

COMMENTS:

THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANTS HAS BEEN HIRED

IN CASE OF EMERGENCY NOTIFY:	
NAME: _____	TELEPHONE: _____
ADDRESS: _____	TELEPHONE: _____
FAMILY DOCTOR: _____	TELEPHONE: _____
SOCIAL INSURANCE NUMBER: _____	

DATE HIRED	DEPARTMENT	START DATE	REG. HOUR	POSITION	DATE EMPLOYMENT COMMENCED