



Location: _____

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	SIN
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? (Answer only if relevant to position applied for)		HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED?	
ARE YOU 18 YEARS OF AGE OR OLDER AND LESS THAN 65 YEARS OF AGE?		DO YOU WANT TO WORK: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?		DRIVER'S LICENSE NUMBER:	

EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
LAST YEAR 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, FIRST AID TRAINING, AND OTHER DESIGNATIONS																				
<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			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

MAY WE CONTACT YOUR PRESENT OR PREVIOUS EMPLOYER FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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 hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

Applicant Signature: _____ Date: _____