



EMPLOYMENT APPLICATION FORM

A) GENERAL INFORMATION

NAME				AREA CODE TELEPHONE NUMBER		
ADDRESS IN FULL (STREET, CITY, PROVINCE)				POSTAL CODE		
SOCIAL INSURANCE NUMBER	ARE YOU 18 YEARS OF AGE OR OVER ? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YOU ARE UNDER 18 YEARS OF AGE PLEASE STATE DATE OF BIRTH	MONTH	DAY	YEAR
POSITION BEING APPLIED FOR			OTHER TYPES OF WORK YOU MIGHT BE INTERESTED IN			
HOW DID YOU BECOME AWARE OF POTENTIAL POSITION ?				EXPECTED EARNINGS		
AVAILABILITY FULL - TIME <input type="checkbox"/> PART - TIME <input type="checkbox"/> EITHER <input type="checkbox"/>			WILL YOU WORK SUNDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHEN WILL YOU BE AVAILABLE TO START WORK ?						
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA ? THOSE SO ENTITLED ARE : CANADIAN CITIZENS, LANDED IMMIGRANTS, HOLDERS OF VALID PERMITS. YES <input type="checkbox"/> NO <input type="checkbox"/> PROOF OF ENTITLEMENT MAY BE REQUIRED.						
LANGUAGE SPOKEN ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>		IF OTHER, PLEASE SPECIFY		LANGUAGE WRITTEN ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>		SPECIFY IF OTHER
ARE YOU WILLING TO RELOCATE ? YES <input type="checkbox"/> NO <input type="checkbox"/>		PREFERED LOCATION				
WERE YOU PREVIOUSLY EMPLOYED BY US ?		IF YES STATE WHEN, WHERE AND IN WHAT CAPACITY				
DO YOU HAVE A VALID DRIVER'S LICENCE (IF APPLICABLE) YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES STATE DRIVER'S LICENCE NUMBER		CLASS	

B) EMPLOYMENT HISTORY (LIST BELOW YOUR PREVIOUS EMPLOYERS - BEGINING WITH MOST RECENT)

# 1 COMPANY NAME	ADDRESS	CITY
TYPE OF BUSINESS	FROM MONTH YEAR	TO MONTH YEAR
JOB TITLE AND DUTIES		
SUPERVISOR'S NAME AND TITLE	TELEPHONE NO.	MAY WE CONTACT YOUR PRESENT EMPLOYER ? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING (IF STILL EMPLOYED , WHY DO YOU WISH TO LEAVE)		
# 2 COMPANY NAME	ADDRESS	CITY
TYPE OF BUSINESS	FROM MONTH YEAR	TO MONTH YEAR
JOB TITLE AND DUTIES		
SUPERVISOR'S NAME AND TITLE		TELEPHONE NO.
REASON FOR LEAVING		

PLEASE TURN OVER TO COMPLETE APPLICATION

B) EMPLOYMENT HISTORY (CONTINUED)

# 3 COMPANY NAME		ADDRESS		CITY				
TYPE OF BUSINESS		FROM MONTH YEAR		TO MONTH YEAR				
JOB TITLE AND DUTIES								
SUPERVISOR'S NAME AND TITLE				TELEPHONE NO.				
REASON FOR LEAVING								
HAVE YOU EVER BEEN DISCHARGED FROM A JOB			IF YES, GIVE DETAILS					
YES <input type="checkbox"/> NO <input type="checkbox"/>								
DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE OR TRAINING . LIST ANY FURTHER DETAILS YOU FEEL ARE PERTINENT.								
SKILLS	ADDING MACHINE	TYPING (W.P.M.)	SHORTHAND (W.P.M.)	DICTAPHONE	WORD PROCESSING SYSTEM	KEY STROKES/HOUR	PERSONAL COMPUTER	SOFTWARE USED

C) EDUCATION

FROM (YEAR)	TO (YEAR)	NAME OF INSTITUTION	COURSE OF STUDY AND % ACHIEVED	GRADE LEVEL COMPLETED	CERTIFICATE OR DEGREE RECEIVED	EXPECTED YEAR OF GRADUATION
		UNIVERSITY				
		COLLEGE				
		TECHNICAL,VOCATIONAL				
		HIGH SCHOOL				
SCHOLASTIC AWARDS						
PROFESSIONAL MEMBERSHIPS OR ASSOCIATIONS						

D) ACTIVITIES OTHER INTERESTS

(PLEASE LIST - CIVIC, ATHLETIC, VOLUNTEER)
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E) OTHER REFERENCES

PEOPLE, OTHER THAN RELATIVES WHO CAN VOUCH FOR YOUR ABILITY & CHARACTOR. YOU MAY OMIT NAMES OF MINISTERS OF RELIGION.

NAME - STREET ADDRESS - TOWN OR CITY	TELEPHONE NUMBER	OCCUPATION
	HOME BUSINESS	
	HOME BUSINESS	
	HOME BUSINESS	

I DECLARE THAT THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR DISMISSAL REGARDLESS OF LENGTH OF SERVICE OR OTHER CONSIDERATIONS. I ALSO UNDERSTAND THAT A CONSUMER REPORT CONTAINING PERSONAL INFORMATION , AND/ OR CREDIT INFORMATION, IS BEING OR MAY BE OBTAINED IN CONNECTION WITH THIS APPLICATION.

DATE	SIGNATURE OF APPLICANT
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