

Application Form

Position(s) Applied For _____ Date of Application _____

Referral source: Advertisement _____ Employee _____

Relative _____ Walk-in _____

Private employment agency _____

Other _____

Name _____

First

Last

Middle

Address _____

Street

City

Province

Postal Code

Telephone # () _____ email: _____ Cell: _____

If necessary, best time to call at home is _____

May we contact you at work? Yes No

If yes, work number and best time to call () _____ Time _____

Have you filed an application here before? Yes No

If yes, give date _____

Have you ever been employed here before? Yes No

If yes, give date _____

Are you legally eligible to work in Canada? Yes No

Are you between the ages of 18 and 65? Yes No

Date available for work _____

Type of employment desired: Full time Part time Temp Co-op

Are you on lay-off and subject to recall? Yes No

Are you willing to relocate? Yes No

Are you willing to travel? Yes No

Will you work overtime if required? Yes No

Do you have a valid driver's license? Yes No

Are you bondable? Yes No

Employment History

Employer	Dates employed From: to:	Duties and Responsibilities
Address	Phone #	
Job title	Hourly rate/salary starting \$ per	
Supervisor & title	Hourly rate/salary final \$ per	
Reason for leaving		
May we contact for reference <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later		

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Address	Phone #	
Job title	Hourly rate/salary starting \$ per	
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Reason for leaving		
May we contact for reference <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later		

Skills and Qualifications

Summarize special skills and qualifications acquired from employment experiences that may qualify you for work with our company _____

Education

<i>Secondary school</i>		<i>Business, trade or technical school</i>		
Highest grade/level completed		Name of Course	Length of Course	
Type of certificate or diploma received		License, certificate or diploma? <input type="radio"/> Yes <input type="radio"/> No		
<i>Community College</i>		<i>University</i>		
Name of Course	Length of Course	Length of Course	Degree Awarded	<input type="radio"/> Pass
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Honours
Diploma received? <input type="radio"/> Yes <input type="radio"/> No		Major subject		
Other courses, workshops, Seminars		Licenses, certificates, degrees		
Work related skills				
Describe any of your work related skills, experience or training that relate to the position being applied for.				

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years known
1.		
2.		
3.		

List special accomplishments, awards, etc. (exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status).

List any additional information you would like us to consider.

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

Have you attached an additional sheet? Yes No