



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
--

***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: \_\_\_\_\_