

POSITION APPLIED FOR	WAGES EXPECTED
	DATE AVAILABLE

## APPLICATION FOR EMPLOYMENT

(Please print or type)

PERSONAL INFO				
SURNAME	FIRST	MIDDLE	PHONE	SOCIAL INSURANCE NO
ADDRESS	STREET	TOWN	PROVINCE	POSTAL CODE
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA: YES NO				
EDUCATION RECORD:				
HIGHEST GRADE COMPLETED	LENGTH OF COURSE	MAJOR SUBJECT	DIPLOMA/DEGREE AWARDED	
SECONDARY SCHOOL			YES TITLE:	NO
BUSINESS TRADE OR TECHNICAL SCHOOL:			YES TITLE:	NO
COMMUNITY COLLEGE			YES TITLE:	NO
UNIVERSITY			YES TITLE:	NO
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	EMPLOYED FROM:	PRESENT/LAST SALARY	PRESENT/LAST JOB TITLE	
ADDRESS	TO:	\$	DUTIES/RESPONSIBILITIES	
	TYPE OF BUSINESS			
REASON FOR LEAVING	SUPERVISOR			
COMPANY NAME	EMPLOYED FROM:	PRESENT/LAST SALARY	PRESENT/LAST JOB TITLE	
ADDRESS	TO:	\$	DUTIES/RESPONSIBILITIES	
	TYPE OF BUSINESS			
REASON FOR LEAVING	SUPERVISOR			
COMPANY NAME	EMPLOYED FROM:	PRESENT/LAST SALARY	PRESENT/LAST JOB TITLE	
ADDRESS	TO:	\$	DUTIES/RESPONSIBILITIES	
	TYPE OF BUSINESS			
REASON FOR LEAVING	SUPERVISOR			

<b>HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?</b>				<b>WHAT SOURCE REFERRED YOU TO THIS COMPANY?</b>	
YES		NO		IF YES _____	
		DATE LEFT		DEPT	
<b>ARE YOU BONDABLE? ANSWER ONLY IF JOB RELATED</b>				<b>WILL YOU WORK SHIFT WORK?</b>	
YES				NO	
<b>MAY WE CONTACT</b>		<b>ARE YOU WILLING TO RELOCATE? ANSWER ONLY IF JOB RELATED</b>			
YES		NO		YES	
		PREFERRED LOCATION:		NO	
<b>OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:</b> <i>DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL, OR NATIONAL CHARACTER.</i>					
<b>REFERENCES:</b>					
<b>LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)</b>				<b>FOR OFFICE USE ONLY</b>	
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE</b>	
<b>OCCUPATION</b>					
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE</b>	
<b>OCCUPATION</b>					

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. I FURTHER UNDERSTAND  
THAT IF THIS POSITION REQUIRES A VALID DRIVERS LICENCE, PROOF THEREOF WILL BE REQUIRED AFTER HIRE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

INTERVIEWER'S COMMENTS						
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MARITAL STATUS SINGLE                      MARRIED		IN CASE OF EMERGENCY NOTIFY: NAME:				
DATE OF BIRTH  DAY   MONTH   YEAR		ADDRESS			PHONE NO	
DATE HIRED		FAMILY DOCTOR			PHONE NO	
DATE HIRED	DEPARTMENT	STARTING RATE	REG HOURS	POSITION	DATE OF EMPLOYMENT	