



APPLICATION FOR EMPLOYMENT

A) GENERAL INFORMATION							
Name:				Telephone Number: ()			
Address in full (Street, City, Province):				Postal Code:			
Are you legally eligible to work in Canada? (Circle One) Yes No <i>Proof of entitlement may be required.</i>				Are you 18 years of age or more? (Circle One) Yes No			
Position being applied for:				Other areas you may be interested in:			
How did you hear about this position?				Expected earnings?			
Availability: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/> When will you be available to start? _____							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM (circle one)	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.
TO (circle one)	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.	A.M./P.M.
Language Spoken: English French Other		If other, please specify:		Language written: English French Other		If other please specify:	
Are you willing to relocate?		Preferred locations:					
Were you previously employed by us? Yes No			If yes, please state when, where and in what capacity:				
Do you have a valid driver's license? (if applicable) Yes No			If yes, please state driver's license number:			Class:	
Have you ever been convicted of a federal offence for which a pardon has not been granted? Yes No							
B) EMPLOYMENT HISTORY (Please list your previous employers, beginning with the most recent).							
Company Name:		Address:			City:		
Type of Business:		Dates Employed			Wage		
		From	Start	Start	Finish		
Job title and duties:							
Supervisor's name and title		Telephone number:			May we contact your present/past employer? Yes No		
Reason for leaving?							

PLEASE TURN OVER TO COMPLETE APPLICATION

B) EMPLOYMENT HISTORY CONTINUED (Please list your previous employers, beginning with the most recent).

Company Name:	Address:	City:
---------------	----------	-------

Type of Business:	Dates Employed		Wage	
	From	Start	Start	Finish

Job title and duties:

Supervisor's name and title	Telephone number:	May we contact your present/past employer? Yes No
-----------------------------	-------------------	--

Reason for leaving?

Company Name:	Address:	City:
---------------	----------	-------

Type of Business:	Dates Employed		Wage	
	From	Start	Start	Finish

Job title and duties:

Supervisor's name and title	Telephone number:	May we contact your present/past employer? Yes No
-----------------------------	-------------------	--

Reason for leaving?

Have you ever been discharged from a job? Yes No	If yes, give details:
---	-----------------------

Describe any of your work related skills, experience or training. List any further details you feel are pertinent.

C) EDUCATION

From (year)	To (year)	Name of Institution	Course of Study & % Achieved	Grade Level Completed	Certificate or Degree Received	Expected Year of Graduation

D) REFERENCES (People, other than your relatives who can vouch for your ability & character).

Name, street address, town or city:	Telephone Number:	Occupation:
1.		
2.		
3.		

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 services or other considerations. I also understand that a consumer report containing personal information and/or credit card information, is being or may be obtained in connection with this application.

Date:	SIGNATURE OF APPLICANT:
-------	-------------------------