



APPLICATION FOR EMPLOYMENT



PERSONAL

CONFIDENTIAL

| | | | | | | |
|---|--|---|--|---|--|--|
| NAME Last | | First | | Second | | RESUME ATTACHED Yes <input type="checkbox"/> No <input type="checkbox"/> |
| PRESENT ADDRESS No. And Street | | City or Town | | Province | Postal Code | TELEPHONE |
| PERMANENT ADDRESS (If Different) No. And Street | | City or Town | | Province | Postal Code | TELEPHONE |
| Have You Ever Been Convicted Of An Offense Other Than Traffic Violation For Which No Pardon Has Been Granted? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain (If additional space required, attach separate letter). | | | | Are You Presently Bondable? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Has your bond ever been revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach explanation) |
| Do you have a disability which will affect your ability to perform any of the functions of the job you have applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space required, attach separate letter). | | | | Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Location Preferred Why? | | | If Necessary, Would You Accept a Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Type Of Work Preferred 1. _____ 2. _____ 3. _____ | | | | | | |
| Date Available | | Preference For <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | | | Willing To Work Shift Work <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Salary Required | | | Who Referred You To This Organization? | | | |

EDUCATION

| TYPE OF SCHOOL | DATES ATTENDED (Month And Year) | SCHOOL NAME AND ADDRESS | MAJOR FIELD | ATTAINMENT | |
|---------------------------------|------------------------------------|-------------------------|---|------------------------------------|--|
| HIGH SCHOOL | From | Name | Academic <input type="checkbox"/> | Highest Grade Completed | Achieved Required Credits? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | To | Location Province | Vocational <input type="checkbox"/> Other <input type="checkbox"/> | | |
| COLLEGE OR UNIVERSITY | From | Name | | Specify Degree or Diploma Obtained | |
| | To | Location Province | | | |
| BUSINESS, TRADE OR OTHER SCHOOL | From | Name | | Specify Degree or Diploma Obtained | |
| | To | Location Province | | | |

EMPLOYMENT HISTORY

Circle The Number Of Any Of The Employers Whom You Do Not Wish Us To Contact At This Time

1 2 3

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|--|--|----------------------|----------------------|
| 1. COMPANY NAME: (BEGIN WITH MOST RECENT) | | TELEPHONE # | |
| STREET ADDRESS | | CITY | PROVINCE POSTAL CODE |
| TYPE OF BUSINESS: | NATURE OF DUTIES FROM START TO LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.) | | |
| POSITION: | | | |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. <input type="checkbox"/> | | | |
| SALARY START: \$ FINAL: \$ | | | |
| EMPLOYED (Month and Year) FROM: | REASON FOR LEAVING | IMMEDIATE SUPERVISOR | |
| TO: | | Name: | |
| NO. OF PEOPLE SUPERVISED: | | Title: | |

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|--|--|--|----------------------|--------------|
| 2. COMPANY | | | | TELEPHONE #: |
| NAME: | | | | |
| STREET ADDRESS | | CITY | PROVINCE | POSTAL CODE |
| TYPE OF BUSINESS: | | NATURE OF DUTIES FROM START TO LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.) | | |
| POSITION: | | | | |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. <input type="checkbox"/> | | | | |
| SALARY START: \$ FINAL: \$ | | | | |
| EMPLOYED (Month and Year) FROM: | | REASON FOR LEAVING | IMMEDIATE SUPERVISOR | |
| TO: | | | Name: | |
| NO. OF PEOPLE SUPERVISED: | | | | Title: |

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|--|--|--|----------------------|--------------|
| 3. COMPANY | | | | TELEPHONE #: |
| NAME: | | | | |
| STREET ADDRESS | | CITY | PROVINCE | POSTAL CODE |
| TYPE OF BUSINESS: | | NATURE OF DUTIES FROM START TO LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.) | | |
| POSITION: | | | | |
| FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. <input type="checkbox"/> | | | | |
| SALARY START: \$ FINAL: \$ | | | | |
| EMPLOYED (Month and Year) FROM: | | REASON FOR LEAVING | IMMEDIATE SUPERVISOR | |
| TO: | | | Name: | |
| NO. OF PEOPLE SUPERVISED: | | | | Title: |

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| OTHER TIME | Account For Your Time During Any Interval Of Unemployment Other Than When You Were Attending School. (You may decline to list any illnesses or leaves of absences relating to disability). |
| Date (Month And Year) | Explanation |
| From To | |
| From To | |

| | | | | | | |
|--|--|-------------------------|----------|-----------|----------------|--------------------------------------|
| REFERENCES | Give Three Personal References Who Have Known You Well During The Last Five Or More Years Excluding Relatives & Former Employers. (You may decline to list ministers of religion). | | | | | |
| Name Include First Name Or Initials | No. And Street | Address City Or Town | Province | Telephone | Years Known | Present Or Most Recent Occupation |
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| ADDITIONAL INFORMATION | Co-op background, interests, extracurricular activities, special skills such as equipment operated, languages spoken/written, computer skills, academic honors, scholarships, etc. (You may decline to list organizations that would depict your race, religion, ancestry or disabilities). |
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| IN SIGNING THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. I HEREBY CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, SECURITY CHECK, AND A CREDIT INVESTIGATION CONDUCTED. | |
| SIGNATURE OF APPLICANT _____ | DATE _____ |