

Employment Application

Applicant Information												
Full Name:									D	ate:		
	Last			First				<i>M.I.</i>				
Address:												
	Street Address								Apan	tment/Unit #		
	City				Province				Posta	al Code		
Phone:	()	() Email										
If required f	or the positi	on, do you hav	ve a vali	id driv	er's lic	ence?	Yes 🗌	No				
If required,	could you pi	rovide a currer	nt Driver	r's Abs	stract?		Yes 🗌	No				
				Em	oloyn	nent Int	erests			1		
Position(s) Desired:					Date Available:				Desired S	Salary:		
Type of Employment Desired: Days Available for Work:												
Regular _ Full time _					Monday Tuesday Wednesday Thursday							
Temporary		Part time			Friday		Saturda		Sunda	_	maroday	
Temporary		i art ante			-		willing to w	-		-	No 🗌	
						Legal	winning to w		crume:			
		,		YES	NO	Legai					YES	NO
Are you leg	ally eligible	to work in Can	nada?			lf no, ar	e you auth	orized	to work ir	n the Canad	da? 🔲	
Have you e	ver worked	for this compa	iny?	YES	NO □	If yes	s, when?					
Have you ever been convicted of a criminal offence for which a pardon has not been granted?												
If yes, explain:												
Education												
College: Address:												
From:		_To:	Did	you g	raduat	YES	NO	Degr	ee:			

High School:	Address:								
From:	YES NO To: Did you graduate? Diploma:								
Other:	Address:								
From:	YES NO To: Did you graduate? D Diploma:								
P	Previous Employment (Begin with current or Most Recent Employer)								
Company:	Phone: ()								
Address:	Supervisor:								
Job Title:	Starting Salary: Ending Salary:								
Responsibilities:									
	To: Reason for Leaving:								
May we contact yo	YES NO ur previous supervisor for a reference?								
Company:	Phone:()								
Address:	Supervisor:								
Job Title:	Starting Salary: \$ Ending Salary:								
Responsibilities:									
From:	To: Reason for Leaving:								
May we contact yo	YES NO ur previous supervisor for a reference?								
	Phone:()								
	Supervisor:								
Job Title:	Starting Salary: <u>\$</u> Ending Salary: <u>\$</u>								
Responsibilities: _									
Responsibilities: _	To: Reason for Leaving:								

References

Contact Name:	Job Title:			
Company Name:	Work Phone: ()			
Street Address:	Cell Phone: ()			
City/Province:				
Contact Name:	Job Title:			
Company Name:	Work Phone: ()			
Street Address::	Cell Phone: ()			
City/Province:				
Contact Name:	Job Title:			
Company Name:	Work Phone: ()			
Street Address:	Cell Phone: ()			
City/Province:				
Disclaimer and Signature				

I certify that my answers are true and complete to the best of my knowledge.

Please list three professional references.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:_____