



Application for Employment

Position Applied For: _____

APPLICANT INFORMATION									
Last Name		First		I.	Date				
Street Address						Apartment/Unit #			
City				Prov.			Postal Code		
Phone				E-mail Address					
Date Available				Social Ins. No.			Desired Salary		
Are you a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you a landed immigrant?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If no, do you have a work visa?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What is the expiry date? _____						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION									
High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma				
College/University				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list references from three companies (where applicable).</i>									
Full Name				Relationship					
Company				Phone			()		
Address									
Full Name				Relationship					
Company				Phone			()		
Address									



Application for Employment

Full Name				Relationship				
Company				Phone	()			
Address								
PREVIOUS EMPLOYMENT								
Company				Phone	()			
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Describe your work and Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company				Phone	()			
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Describe your work and Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company				Phone	()			
Address				Supervisor				
Job Title			Starting Salary	\$			Ending Salary	\$
Describe your work and Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			



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Company		Phone	()	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Describe your work and Responsibilities				
From		To		Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

ADDITIONAL INFORMATION	
Do you have any illness, disability or physical limitations which could impede your performance in the position you are applying for?	
Circle one: Yes No	Explain if yes:
Do you have any illness, disability or physical limitations which could prevent you from doing work of a repetitive nature?	
Circle one: Yes No	Explain if yes:
Do you have any illness, disability or physical limitations which could prevent you from regularly lifting or carrying 9 kilograms?	
Circle one: Yes No	Explain if yes:

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date