



# APPLICATION FOR EMPLOYMENT

Last Name		First		Middle Initial		Telephone No.	
Address				City		Alternate Telephone No.	
Province			Postal Code		Are you legally entitled to work in Canada?		
					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you ever been convicted of an offence for which no pardon has been granted?		Yes <input type="checkbox"/>		If yes, list what and when.			
		No <input type="checkbox"/>					
Do you have a disability or condition which will affect your ability to perform any of the functions of the job for which you have applied (which may include lifting of 50-80lbs)?		Yes <input type="checkbox"/>		If yes, what functions can you perform and what accommodations could be made which would allow you to do the work adequately?			
		No <input type="checkbox"/>					
Position Desired			Preference for:			Are you willing to do shift work?	
			Regular Full time <input type="checkbox"/>			Yes <input type="checkbox"/>	
			Temporary <input type="checkbox"/>			No <input type="checkbox"/>	
			Summer <input type="checkbox"/>				
			Part Time <input type="checkbox"/>				
Have you worked here before?		Yes <input type="checkbox"/>		Do you have a valid Driver's License?		Are you presently bondable?	
If yes, when?		No <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>		No <input type="checkbox"/>	
				Class?			

## EDUCATION

High School (or equivalent)	Dates attended	Name	Location	Highest Grade successfully completed
University or College	Dates attended	Name	Location	Major/Degree
Business, Trade or other school	Dates attended	Name	Location	Program completed

## WORK EXPERIENCE (Start with most recent employment)

Company Name		Telephone No.	
Street Address		Province	
City			
Position		Nature of duties from start to leaving (including responsibilities, supervisory experience, etc.)	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp. <input type="checkbox"/>			
Salary Start: \$ Final: \$			
Dates Employed:			
From: To:			
May we contact your present employer?		Reason for Leaving	Immediate Supervisor's Name
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company Name		Telephone No.
Street Address		City Province
Position	Nature of duties from start to leaving (including responsibilities, supervisory experience, etc.)	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp. <input type="checkbox"/>		
Salary Start: \$ Final:\$		
Dates employed		
Reason for Leaving		Immediate Supervisor's Name

Company Name		Telephone No.
Street Address		City Province
Position	Nature of duties from start to leaving (including responsibilities, supervisory experience, etc.)	
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temp. <input type="checkbox"/>		
Salary Start: \$ Final:\$		
Dates employed		
Reason for Leaving		Immediate Supervisor's Name

**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

**REFERENCES (other than relatives or friends)**

Name (first & last)	Address	Telephone	Years Known	Association

**List Any Additional Skills You May Have That Are Related To The Job You Have Applied For.**

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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 card investigation conducted.	
Signature of Applicant _____	Date _____