



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		Has your bond ever been revoked?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 or condition which will affect your ability to perform any of the functions of the job for which you have applied? 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"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/>	Highest Grade Completed	Achieved Required Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
	To	Location Province			
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

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:

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:	

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:	

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

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).

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** _____