



POSITION APPLIED FOR	WAGES EXPECTED
	DATE AVAILABLE

**APPLICATION FOR EMPLOYMENT**  
PLEASE PRINT OR TYPE

SURNAME	FIRST	MIDDLE	PHONE	SOCIAL INSURANCE NO.
ADDRESS	STREET	TOWN	PROVINCE	POSTAL CODE

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES  NO

**EDUCATION RECORD:**

	SCHOOL NAME / ADDRESS	FROM	TO	MAJOR SUBJECT	DIPLOMA / DEGREE AWARDED
SECONDARY SCHOOL					YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
BUSINESS, TRADE OR TECHNICAL SCHOOL					YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
COMMUNITY COLLEGE					YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
UNIVERSITY					YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:

ADDITIONAL COURSES, SEMINARS, WORKSHOPS:

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.	<b>LANGUAGE</b>	
	SPOKEN	WRITTEN
	ENGLISH <input type="checkbox"/>	<input type="checkbox"/>
	FRENCH <input type="checkbox"/>	<input type="checkbox"/>
	OTHER <input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)**

COMPANY NAME	EMPLOYED FROM:	PRESENT / LAST SALARY	PRESENT / LAST JOB TITLE
ADDRESS	TO:	\$	DUTIES / RESPONSIBILITIES
REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		
COMPANY NAME	EMPLOYED FROM:	FINAL SALARY	PREVIOUS JOB TITLE
ADDRESS	TO:	\$	DUTIES / RESPONSIBILITIES
REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		
COMPANY NAME	EMPLOYED FROM:	FINAL SALARY	PREVIOUS JOB TITLE
ADDRESS	TO:	\$	DUTIES / RESPONSIBILITIES
REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		
COMPANY NAME	EMPLOYED FROM:	FINAL SALARY	PREVIOUS JOB TITLE
ADDRESS	TO:	\$	DUTIES / RESPONSIBILITIES
REASON FOR LEAVING	TYPE OF BUSINESS		
	SUPERVISOR		

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES _____ DATE FROM _____ TO _____		WHAT SOURCE REFERRED YOU TO THIS COMPANY?	
WHAT WAS YOUR POSITION (WHEN YOU LEFT)		WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU WILLING TO RELOCATE? ANSWER ONLY IF JOB RELATED YES <input type="checkbox"/> NO <input type="checkbox"/> PREFERRED LOCATIONS _____	

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS: DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL OR NATIONAL CHARACTER.

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**REFERENCES:**

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL, I FURTHER UNDERSTAND THAT IF THIS POSITION REQUIRES A VALID DRIVERS LICENCE, PROOF THEREOF WILL BE REQUIRED AFTER HIRE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

INTERVIEWERS COMMENTS:

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INTERVIEWER \_\_\_\_\_

## THIS SECTION TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	IN CASE OF EMERGENCY NOTIFY: NAME _____	
DATE OF BIRTH DAY MONTH YEAR	ADDRESS _____	PHONE NO. _____
	FAMILY DOCTOR _____	PHONE NO. _____

DATE HIRED	DEPARTMENT	STARTING DATE	REG. HOURS	POSITION	DATE EMPLOYMENT COMMENCED