

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANT: Not all questions require an answer. Complete only those questions that you are comfortable answering.

PERSONAL DATA

Social Insurance Number _____ Date _____

MR

Name MS _____ Date of Birth _____

MISS

MRS

Address _____
(Street) (City)

(Province) (Postal Code) Telephone _____

Marital Status _____ Height _____ Weight _____

Name of Spouse _____ Occupation _____ Date of Birth _____

No. of Children _____ Ages _____ Other Dependants _____

Disabilities or Handicaps _____

Date & Nature of Last Illness _____

Date of Last Medical Examination _____ Results _____

Do you wear eyeglasses? _____ Contact Lenses? _____ When _____

In Case of Emergency Notify _____

Address _____ Phone # _____

Relationship _____

Position Applied For _____

Date Available _____ Salary Expectations _____

EMPLOYMENT DATA

Begin with most recent employer

Name of Company _____ Address _____
Type of Business _____ Employed from _____ To _____
Position _____ Salary _____
(Starting) (Ending)
Immediate Supervisor _____ Title _____
Describe your Responsibilities _____
Reason for leaving _____

Name of Company _____ Address _____
Type of Business _____ Employed from _____ To _____
Position _____ Salary _____
(Starting) (Ending)
Immediate Supervisor _____ Title _____
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Type of Business _____ Employed from _____ To _____
Position _____ Salary _____
(Starting) (Ending)
Immediate Supervisor _____ Title _____
Describe your Responsibilities _____
Reason for leaving _____

May we contact the employers listed above? _____ Comments _____

Union Affiliation _____

UNEMPLOYMENT DATA

Explain and give details of any period of unemployment greater than 30 days.

EDUCATIONAL DATA

Type of School	Name and Location	Dates Attended		Course	Level of Achievement
		To	From		

Are you a licensed Tradesman? _____ Details _____

REFERENCES

Name _____	Phone Number _____
Address _____	Occupation _____
Relationship to you _____	Known how long _____
Name _____	Phone Number _____
Address _____	Occupation _____
Relationship to you _____	Known how long _____
Name _____	Phone Number _____
Address _____	Occupation _____
Relationship to you _____	Known how long _____

Names of relatives or acquaintances in our employ _____

Were you previously employed by us? _____ If yes, when? _____ Title _____

Have you previously applied to us for a job? _____ If yes, when? _____

Have you ever been convicted of a criminal offence? _____ Details _____

Do you have a valid drivers licence? _____ Class? _____ D.L.# _____

Please outline any additional skills you might have that would qualify you for a position with THE COMPANY, for example, type of machinery operated, mechanical ability or for office positions, clerical skills.

CONDITIONS OF EMPLOYMENT

1. All new employees will be on a probationary period of 24 months.
2. Employees will participate in Company benefit programs.
3. Employees will comply with Company policy.
4. Any falsification or misrepresentation of the information in this application may be grounds for dismissal.

Signature of Applicant _____



Interviewer _____ Date _____

Comments _____
