

POSITION APPLIED FOR		WAGES EXPECTED		DATE AVAILABLE			
SURNAME		FIRST	MIDLE	PHONE			
ADDRESS		STREET		TOWN / CITY	PROVINCE		
ARE YOU LEGGALY ELIGIBLE TO WORK IN CANADA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	S.I.N.			
EDUCATION	SCHOOL NAME / ADDRESS		FROM	TO	MAJOR SUBJECT	DIPLOMA DEGREE	AWARDED
SECONDARY SCHOOL							
BUSINESS, TREADE OR TECHNICAL SCHOOL							
COMUNITY COLLEGE							
UNIVERSITY							
ADDITIONAL COURSES, SEMINARS, WORKSHOPS:							
DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIANCE OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR::				LANGUAGE		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 OF LAAST 10 YEARS. MOST RECENT EMPLOYER FIRST.							
COMPANY NAME:		EMPLOYED FROM:		TO:	TYPE OF BUSINESS:		
ADDRESS:		PRESENT / LAST JOB TITLE:			DUTIES:		
REASON FOR LEAVING:		SUPERVISOR:		PHONE:		FAX:	
COMPANY NAME:		EMPLOYED FROM:		TO:	TYPE OF BUSINESS:		
ADDRESS:		PRESENT / LAST JOB TITLE:			DUTIES:		
REASON FOR LEAVING:		SUPERVISOR:		PHONE:		FAX:	
COMPANY NAME:		EMPLOYED FROM:		TO:	TYPE OF BUSINESS:		
ADDRESS:		PRESENT / LAST JOB TITLE:			DUTIES:		
REASON FOR LEAVING:		SUPERVISOR:		PHONE:		FAX:	
COMPANY NAME:		EMPLOYED FROM:		TO:	TYPE OF BUSINESS:		
ADDRESS:		PRESENT / LAST JOB TITLE:			DUTIES:		
REASON FOR LEAVING:		SUPERVISOR:		PHONE:		FAX:	
COMPANY NAME:		EMPLOYED FROM:		TO:	TYPE OF BUSINESS:		
ADDRESS:		PRESENT / LAST JOB TITLE:			DUTIES:		
REASON FOR LEAVING:		SUPERVISOR:		PHONE:		FAX:	

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 POSITIN 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"/> LOCATION:

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

REFERENCES:

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

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETETO 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

INTERVIEWRS COMMENTS:

THIS SECTION TO BVE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

MARITAL STATUS	IN CASE OF EMEGENCY NOTIFY:				
SINGLE <input type="checkbox"/>	NAME:		PHONE:		
MARRIED <input type="checkbox"/>	ADRESS:				
DATE OF BIRTH:	FAMILY DOCTOR		PHONE:		
DATE HIRED:	DEPARTMENT	STARTING DATE	REG. HOURS	POSITION	DATE EMPLOYMENT COMENCED