

POSITION APPLIED FOR		WAGES EXPECTED		DATE AVAILABLE			
SURNAME		FIRST	MIDDLE	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		
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:			OFFICE USE ONLY:
LIST TWO PERSONS TO WHOM WE MAY REFFER ( NOT RELATIVES OR PREVIOUS EMPLOYERS )			
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 SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DATE OF BIRTH:	IN CASE OF EMEGENCY NOTIFY: NAME: PHONE:				
	ADRESS:				
	FAMILY DOCTOR PHONE:				
DATE HIRED:	DEPARTMENT	STARTING DATE	REG. HOURS	POSITION	DATE EMPLOYMENT COMENCED