

APPLICATION FOR EMPLOYMENT

Position applied for: _____

Name: _____ (Last First Initial) SIN: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Mobile: _____ Pager: _____

Date of Birth: _____ Health Card: _____

In case of emergency, Contact: _____ **Phone:** _____

Are you currently employed? _____ (Yes/No) If Yes, Where? _____

How long? _____ Supervisor: _____

May we contact them? _____ Contact Phone: _____

Why do you want to leave? _____

Who referred you here? _____ Pay Rate expected: _____

PHYSICAL HISTORY

List any handicaps you may have that would affect your work: _____

Are you physically capable of doing manual labour? _____

How much time lost from work due to illness in the last year? _____

Would you be willing to have a medical? _____ (Yes/No)

EDUCATION

Last school attended: _____ Grade Completed: _____

Any Special courses taken: _____

EXPERIENCE AND QUALIFICATIONS

Driver's License #: _____ Class: _____ Expiry: _____

Was your license suspended ever? _____ (Yes/No) If yes, why? _____

Have you ever been denied a license or permit to operate a motor vehicle? _____ (Yes/No) If yes, why? _____

Type of equipment you have operated: _____

Have you ever been convicted of an accident in the past three (3) years? _____

Have you ever been convicted of a criminal offense for which a pardon has been granted? _____ (Yes/No)

EMPLOYMENT RECORD FOR PAST THREE YEARS

Last Employer: _____ **Supervisor:** _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____
Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____
Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____
Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____
Reason for leaving: _____

Previous Employer: _____ **Supervisor:** _____
Address: _____ Phone: _____
Position held: _____ From: _____ To: _____
Reason for leaving: _____

REFERENCES

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all information provided is true and complete, to the best of my knowledge. I authorize you to make investigation and enquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from liability in responding to enquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the company, as permitted by law.

Name: _____ Date _____ Signature: _____