

APPLICATION FOR EMPLOYMENT

PLEASE PRINT PLAINLY

Date:

Type of Work desired:

PERSONAL:

Name:

Last

First

Middle Initial

Present Address:

No.

Street

Community

Province

Code

Telephone No.:

Are there any other experiences, skills, or capabilities, which you feel would especially qualify you for work with us?

If hired, on what date will you be available to start work?

If hired, do you have a reliable means of transportation to get to work?

No

Yes

Do you require any job accommodations or adaptations to perform tasks?

No

Yes

Do have any physical limitations, which might impact your performance in the job(s) you are applying for?

No

Yes

If yes, explain which functions of the job you cannot perform or need support for.

EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME AND ADDRESS	FROM	TO	GRADUATED	COURSE/ MAJOR
HIGH SCHOOL				YES NO	
COLLEGE				YES NO	
POST GRADUATE				YES NO	
BUSINESS OR TRADE				YES NO	
OTHER				YES NO	

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

Name of Employer:

Employers Address:

Dates of Employment: (start) (end)

Supervisor's Name & Title:

Reason for Leaving:

Describe in detail the work you did:

Name of Employer:

Employers Address:

Dates of Employment: (start) (end)

Supervisor's Name & Title:

Reason for Leaving:

Describe in detail the work you did:

Name of Employer:

Employers Address:

Dates of Employment: (start) (end)

Supervisor's Name & Title:

Reason for Leaving:

Describe in detail the work you did:

May we contact the employers listed above No Yes

Which one(s) you do not wish us to contact?

PERSONAL REFERENCES

Give the names of at 3 persons who can supply information pertinent to your job performance (excluding former employees or relatives).

NAME AND OCCUPATION	ADDRESS	PHONE NO
1.		
2.		
3.		

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant:

Date: