



# EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, Provincial, and Municipal laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Last Name			First	Middle	Date
Street Address					Social Insurance No.
City			Province	Postal Code	Home Phone
Position Applying For					How Long at Present Address?
Were you previously employed by this <input type="checkbox"/> Yes, Date (s) <input type="checkbox"/> No					Wages Expected
List any relatives or friends working for this organization					Department
					Name
In case of accident notify					Phone

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Diploma or Degree
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you served an apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type or Trade	How Long?
Where did you serve?	When did you serve?	

Mechanical and/or Technical Experience (Describe any and all qualifications):

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Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.)

Yes                       No

If "yes," please describe in full detail:

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Can you verify your legal right to work in Canada by providing a birth certificate, proof of Canadian Citizenship, or by some other means?     Yes  
 No

Are you able to perform the job(s) for which you are applying?

Yes  No

**EXPERIENCE** -List Present and Former Employers for last 10 years beginning with most recent

NAME AND ADDRESS OF COMPANY	SUPERVISOR	DESCRIBE YOUR WORK	LAST WAGES	DATE		REASON FOR LEAVING
				STARTED	LEFT	

May we contact the above employers?  Yes  No

Additional Remarks: \_\_\_\_\_

**APPLICANT'S CERTIFICATION - Please read carefully before signing.**

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW - FOR COMPANY USE ONLY**

Interview?  Yes  No

Date \_\_\_\_\_ Hour \_\_\_\_\_

Results of Interview: \_\_\_\_\_

Acceptable for Employment?  Yes  No Starting Rate \_\_\_\_\_ Starting Date \_\_\_\_\_ Shift \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_