



EMPLOYMENT APPLICATION

APPLICANT INFORMATION													
Last Name				First				Initial:		Date			
Street Address						Apartment/Unit #							
City				Province				Postal Code					
Phone				E-mail Address									
Date Available				Social Insurance No.				Salary Expectations					
Position Applied for													
Are you a citizen of Canada?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in Canada ?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Diploma			
Post – Secondary				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Diploma			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Diploma			
REFERENCES													
<i>Please list three professional references.</i>													
Full Name				Relationship									
Company						Phone							
Address													
Full Name				Relationship									
Company						Phone							
Address													
Full Name				Relationship									
Company						Phone							
Address													

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Hired		Wage	
Date of Birth			