

JOB APPLICATION FORM



IMPORTANT NOTE: We are an Equal Opportunity Employer. All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Position sought: _____ With organization: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ Province _____ PC _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Insurance Number: _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you authorized to work in the Canada without any restriction? [] Yes [] No

Have you ever been convicted of a crime or felony? [] Yes [] No

If yes, please describe the circumstances: _____

(NOTE: a criminal conviction is not automatic grounds for rejection. However, lying about a criminal violation may become the basis for disqualification).

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe the circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended From - to	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT:
(Most recent first)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____
Province _____ PC _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Specific skills acquired: _____

Reason for Leaving: _____

2. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____

Province _____ PC _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Specific skills acquired: _____

Reason for Leaving: _____

3. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____

Province _____ PC _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Specific skills acquired: _____

Reason for Leaving: _____

4. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____

Province _____ PC _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed: _____

Specific skills acquired: _____

Reason for Leaving: _____

Other employment: list any other employer you have worked with, prior to any of the jobs mentioned above:

<u>Job title</u>	<u>Employer's name</u>	<u>Supervisor's name</u>	<u>Date started</u>	<u>Date ended</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANNEX 1: ACKNOWLEDGEMENT AND AUTHORIZATION

Job applied for: _____ Date: _____

PLEASE NOTE: this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Please check and sign each statement below:

I certify that answers given herein are true and complete to the best of my knowledge.

Signature: _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____

“In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time thereafter. I understand, also, that I am required to abide by all rules and regulations of the employer.”

Signature of Applicant

Date

END OF JOB APPLICATION FORM
