



APPLICATION FOR EMPLOYMENT

Date of Application: _____

PERSONAL INFORMATION

Name: _____

First

Last

Address: _____

Street

City/Province

Postal Code

Contact Information: (_____) _____ (_____) _____

Home Phone

Cell Phone

Email

How did you learn about our company? _____

Have you worked for us before? If yes, specify dates and position. _____

Please check which positions you are interested in applying for:

Office / Administration Warehouse

Sales / Marketing Other

Assembly Line

Available Start Date: _____ Are you currently employed? _____

Desired Pay Range: _____ (Hourly or Salary)

Are you available to work: Full-Time Part-Time Temporary

EDUCATION

	Name and Location	Graduate? - Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position(s).

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER

To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your skills and qualifications. Please exclude information that would indicate any prohibited grounds of discrimination.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

The parties acknowledge that they have required that this application form and all related documents be prepared in English (province of Quebec).

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 _____

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEW: Yes No

Date: _____ Hour: _____

Result of Interview: _____

Acceptable For Employment? Yes No

Starting: Rate _____ Date _____ Shift _____

Occupation: _____ Dept. _____ Clock No. _____

Interviewed by _____
Signature _____ Please Print _____

Employed by _____
Signature _____ Please Print _____

Approved by _____ Date _____

APPLICANT – COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRE

Date of Birth: _____ Sex: Male Female

What is your marital status: Single Engaged Married
 Separated Divorced Widowed

How many dependents to you have (Including yourself)? _____

What is your Social Insurance Number? _____

PERSON TO BE NOTIFIED IN CASE OF AN ACCIDENT OR EMERGENCY

Name: _____

Address: _____

Phone Number: _____