

POSITION APPLIED FOR	WAGE EXPECTED
	DATE AVAILABLE

APPLICATION FOR EMPLOYMENT

SURNAME	FIRST	MIDDLE	PHONE
ADDRESS	STREET	CITY	PROVINCE
			POSTAL CODE

EDUCATION RECORD

SCHOOL	GRADE COMPLETED	DATE COMPLETED	COURSE STUDIED	DIPLOMA RECEIVED
HIGH				
UNIVERSITY OR COLLEGE				
TEHCNICAL, VOCATIONAL, OR OTHER				

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	EMPLOYED FROM	SALARY FROM \$	TYPE OF BUSINESS AND POSITION HELD
REASON FOR LEAVING	TO	TO	SUPERVISOR
COMPANY NAME	EMPLOYED FROM	SALARY FROM \$	TYPE OF BUSINESS AND POSITION HELD
REASON FOR LEAVING	TO	TO	SUPERVISOR
COMPANY NAME	EMPLOYED FROM	SALARY FROM \$	TYPE OF BUSINESS AND POSITION HELD
REASON FOR LEAVING	TO	TO	SUPERVISOR
COMPANY NAME	EMPLOYED FROM	SALARY FROM \$	TYPE OF BUSINESS AND POSITION HELD
REASON FOR LEAVING	TO	TO	SUPERVISOR

HEALTH INFORMATION

PRESENT HEALTH	ARE YOU WILLING TO UNDERGO A MEDICAL EXAM?	HAVE YOU EVER COLLECTED WORKMEN'S COMPENSATION DISABILITY BENEFITS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FOR WHAT REASON
WEIGHT HEIGHT		

REFERENCES LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)

NAME	ADDRESS	TELEPHONE	OCCUPATION	OFFICE USE ONLY

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT SOURCE REFERRED YOU TO THIS COMPANY?	DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE #
IF YES, DATE LEFT: _____ DEPT: _____		
HAVE YOU EVER BEEN BONDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU WILLING TO RELOCATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, DATE: _____ BONDING COMPANY: _____	PREFERRED LOCATION: _____	

CANADIAN MILITARY SERVICE:				
BRANCH AND RANK	ENTRY DATE	DISCHARGE DATE	TYPE OF DISCHARGE	RESERVE STATUS

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATION: DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS , RACIAL OR NATIONAL CHARACTER

PLEASE ENTER OTHER DATA WHICH YOU FEEL MIGHT ADD TO YOUR QUALIFICATIONS FOR THE JOB SOUGHT, INCLUDING SPECIAL SKILLS, KNOWLEDGE OF BUSINESS MACHINES, ETC.

PLEASE READ CAREFULLY

<p>I HEREBY CERTIFY, THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT.</p> <p>I UNDERSTAND THAT ANY FALSE INFORMATION OR CONSEQUENTIAL OMISSION CONTAINED IN THIS APPLICATION IS CAUSE FOR MY IMMEDIATE DISCHARGE. THIS INFORMATION MAY BE USED TO OBTAIN A FIDELITY BOND.</p> <p>DATE _____ SIGNATURE OF APPLICANT _____</p>

FOR OFFICE USE ONLY

INTERVIEWERS COMMENTS:

MARITAL STATUS	# OF DEPENDENTS	DATE OF BIRTH (MONTH/DAY/YEAR)	IN CASE OF EMERGENCY, CALL:	RELATIONSHIP	PHONE NO.
START DATE	DEPARTMENT	POSITION	STARTING RATE:	REVIEW DATE	LOCKER NO
Payroll BANK INFORMATION VOIDED CHEQUE <input type="checkbox"/> or Direct Dep Form <input type="checkbox"/>	S.I.N.	EMPLOYEE #	BENEFIT PLAN COMENCES ON:	PENSION PLAN AFTER 2 YEARS TENURE <input type="checkbox"/>	PROVIDED TO EMPLOYEE NEW EMPLOYEE MANUAL <input type="checkbox"/> PLANT & SAFETY RULES ACKNOWLEDGED <input type="checkbox"/>

INTERVIEWER: _____

DATE: _____