



Employment Application

Applicant Information

Full Name: _____
Last First M.I. Preferred Name

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: () _____ E-mail Address: _____
 Cell _____
 Phone: () _____ Available Start Date: _____
 Position Applied for: _____ Wage Expectation: _____

Are you a Canadian citizen or landed immigrant? YES NO If no, are you authorized to work in Canada? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have your own transportation? YES NO If no, explain: _____

Education

Circle highest level completed: **High School** 9 10 11 12 **Post Secondary** 1 2 3 4 5 6

High School Address _____

Post Secondary Address _____

Tickets, Certificates, Diplomas, Degrees, achieved: _____ Year _____

Other

Many of our jobs require heavy lifting and repetitive movements. Our personnel face strenuous physical demands working many hours on their feet each shift.

Do you have any disability or physical limitations which could impede your performance in the position you are applying for? YES NO If yes, explain: _____

Are you willing to undergo a medical examination? YES NO

Previous Employment

Company		Location:
Work Dates	Start: Finish:	Phone ()
Duties		
Reason for leaving		Supervisor's Name:
Company		Location:
Work Dates	Start: Finish:	Phone ()
Duties		
Reason for leaving		Supervisor's Name:
Company		Location:
Work Dates	Start: Finish:	Phone ()
Duties		
Reason for leaving		Supervisor's Name:
May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

References

Please list three references

Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()

Do you have additional comments that would assist us in the assessment of your application?

I certify that the information on this application is true and complete to the best of my knowledge, and I understand that any misrepresentation or omission may result in the loss of my employment, without recourse on my part. I hereby authorize the Company to verify the information provided and understand that a satisfactory medical examination result is a condition of my employment. I understand that the personal information provided herein as well as any personal information collected in the future by the company may be used or disclosed to all providers authorized by the Company to manage the Company's business. I understand that my personal information will be kept confidential and secure. I may contact the Company regarding the collection, use or disclosure of my personal information.

Signature _____

Date _____