



Employment Application

Applicant Information

Full Name:						Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>Province:</i>		<i>Postal Code:</i>	
Phone:	()			E-mail Address:					
Date Available:			Social Security No.:				Desired Salary :		\$ _____ \$ / hr. _____
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 yes, when?					
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									

Education

HIGH SCHOOL:														
From:			To:			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other:		
COLLEGE:														
From:			To:			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:						Address:								
From:			To:			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					

References

Please list three professional references.

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: \$	End 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: \$	End 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: \$	End 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:	
------------	--	-------	--