

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

TO: APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

Date: _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week _____
Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____
Were you previously employed by us? Yes _____ No _____ If yes, when? _____
If your application is considered favourably, on what date will you be available for work? _____

PERSONAL

Name _____ Telephone No. _____
Last First Middle

Present Address _____
No. Street City Prov. Postal Code

RECORD OF EDUCATION

School	COURSE OF STUDY (Including Major Subjects)	Circle Last Year Completed				Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
		1	2	3	4 5		
High	(Please Do not Indicate Name or Location of School)	1	2	3	4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	(Please Do not Indicate Name or Location of School)	1	2	3	4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University	(Please Do not Indicate Name or Location of School)	1	2	3	4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)	(Please Do not Indicate Name or Location of School)	1	2	3	4 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT NOTICE: Legislation prohibits discrimination in employment practices because of race, colour, ancestry, nationality, place of origin, ethnic origin, religion, creed, sex, sexual orientation, age handicap or disability, marital status, family status, civil status, source of income, political belief, and convictions for which a pardon has been received or which are unrelated to the employment, and any inquiries, verbal or written, which would require an applicant or employee to disclose information about these areas, are strictly prohibited. Note: Not all grounds are applicable in all provinces and there may be certain additional grounds that are prohibited in single provinces not listed above. If you are uncertain, please consult with counsel.

(Turn to Next Page)

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

I	Name and address of Company and Type of Business	From		To		Weekly Starting Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.			
	Describe the work you did							
	Telephone: _____							

II	Name and address of Company and Type of Business	From		To		Weekly Starting Salary	Reason for Leaving	Name of Supervisor Mo.
		Mo.	Yr.	Mo.	Yr.			
	Describe the work you did							
	Telephone: _____							

III	Name and address of Company and Type of Business	From		To		Weekly Starting Salary	Reason for Leaving	Name of Supervisor Mo.
		Mo.	Yr.	Mo.	Yr.			
	Describe the work you did							
	Telephone: _____							

IV	Name and address of Company and Type of Business	From		To		Weekly Starting Salary	Reason for Leaving	Name of Supervisor Mo.
		Mo.	Yr.	Mo.	Yr.			
	Describe the work you did							
	Telephone: _____							

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____
 Employer II? Yes _____ No _____
 Employer III? Yes _____ No _____
 Employer IV? Yes _____ No _____

Signed _____

Are there any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Do not list any activities denoting race, colour, ancestry, nationality, place of origin, ethnic origin, religion, creed, sex, sexual orientation, age, handicap or disability, marital status, family status, civil status, source of income, political belief language, and convictions for which a pardon has been received or which are unrelated to the employment.)

PERSONAL REFERENCES (Applicants are asked not to list former employers, relatives, or members of the clergy)

Name and Occupation	Address	Phone Number

Have you ever been bonded? If yes, on what jobs? (Answer only if relevant to position for which you are applying.) _____

May we telephone you to follow up on this application at home? Yes No

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes No

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts that are outlined above on my application are true and complete. I understand that if I am hired, any false statements on this application shall be deemed to be cause for immediate dismissal.

Signature of Applicant

**APPLICANT – Do not write on this page
FOR INTERVIEWER’S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR’S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

**Position Number	RESULTS OF REFERENCE CHECK	**Position Number	RESULTS OF REFERENCE CHECK
I		III	
II		IV	

**See Page 2

WARNING – The questions in this boxed-in area are not a part of this Application for Employment. These questions are to be asked only *after* the applicant is hired. *Questions relating to age, gender, marital status, and dependents are only to be asked if required for benefits purpose.

*Date of birth _____ *Sex: M ___ F ___ Social Insurance No. _____

*Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Date of Marriage _____

*Number of dependants including yourself _____

Do you have any physical or mental condition which may limit your present ability to perform the job for which you have been hired? Yes ___ No ___

Do you require any work-related accommodations? Yes ___ No ___

If yes, describe accommodation required _____

Person to be notified in case of accident or emergency _____

_____ Name _____ Telephone Number _____

_____ Address _____