

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Position Being Applied For: _____ Date Available for Work: _____
Professional Objective: _____

PERSONAL DATA

_____ Telephone Number: _____
Last Name Given Name Birth Date (month/day): _____/_____
_____ Address _____
_____ Email Address: _____
City Province Postal Code

EDUCATION

Secondary School

Highest Grade or Level Completed: _____ Type of Certificate or Diploma: _____

Business Trade or Technical School

Name of Course: _____ Length of Course: _____
License, Certificate or Diploma Awarded? Yes () No () License of Certificate Number: _____

Community College and University Study

Name of Program: _____ Length of Program: _____
Major Subject: _____ Diploma/Degree Awarded? Yes () No () Honours ()
Professional Registration Number: _____

Describe any of your work related skills, experience or training that relate to the position applied for:

Are you willing to have a Mantoux skin test (TB test)? Yes () No ()

Are you willing to have an annual Flu Vaccine? Yes () No ()

Do you have any physical limitations which might interfere with or limit your performance in the job(s) you are applying for? Yes () No () If yes, explain which functions of the job you cannot perform:

EMPLOYMENT

Name and Address of Present/Last Employer _____

Present/Last Job Title _____
Period of Employment From _____ to _____
Present/Last Salary _____
Name of Supervisor _____
Telephone Number: _____ Type of Business _____
Duties/Responsibilities: _____
Reason for Leaving: _____

Name and Address of Previous Employer _____

Present/Last Job Title _____
Period of Employment From _____ to _____
Present/Last Salary _____
Name of Supervisor _____
Telephone Number: _____ Type of Business _____
Duties/Responsibilities: _____
Reason for Leaving: _____

Name and Address of Present/Last Employer _____

Present/Last Job Title _____
Period of Employment From _____ to _____
Present/Last Salary _____
Name of Supervisor _____
Telephone Number: _____ Type of Business _____
Duties/Responsibilities: _____
Reason for Leaving: _____

For employment references, may we contact:
Your present/last employer? Yes () No () Your former employers? Yes () No ()
Activities (Civic, Athletic, etc.) _____
Have you applied to this company previously? Yes () No () When? _____
For what position? _____

I hereby declare this information is true and complete to my knowledge.
I understand that any false statement may disqualify me from employment or cause my dismissal.

Signature Date _____