

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
          last                    given name

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_  
                          home                    business

Date of Birth: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ Class: \_\_\_\_\_

Do you have a copy of your drivers ABSTRACT: Yes \_\_\_ No \_\_\_

**EDUCATIONAL BACKGROUND**

length of course            Graduated

High School \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Community College \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Trade of Business  
School \_\_\_\_\_ Yes \_\_\_ No \_\_\_

University \_\_\_\_\_ Yes \_\_\_ No \_\_\_

**GENERAL INFORMATION**

Are you bondable?    Yes \_\_\_\_\_ No \_\_\_\_\_

Is your drivers licence under suspension now or has it ever been in the past?                    Yes  
\_\_\_\_\_ No \_\_\_\_\_

Do you own a car?    Yes \_\_\_\_\_ No \_\_\_\_\_

Make and model number: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Have you had any at fault driving related accidents in the past three years: Yes \_\_\_\_\_ No \_\_\_\_\_

Job applied for: \_\_\_\_\_

and other duties that may be assigned from time to time.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you in the past 10 years been on WSIB (workers compensation):

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this something that is re-occurring?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## EMPLOYMENT

### PRESENT EMPLOYER

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### PAST EMPLOYER

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### PAST EMPLOYER

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### PAST EMPLOYER

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**PLEASE READ CAREFULLY**

I authorize investigation of all statements contained in this application and I hereby certify, that to the best of my knowledge and belief, the answers given by me and the statements made are correct.

I understand that any false information or consequential omission is cause for immediate dismissal.

Do not answer any question that may, in your opinion infringe on your human rights.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_