

Last Name			First			MI		For Personnel use only		Date of application	
Street address							Type(s) of work desired			Social Insurance Number	
City			Province			Postal code			Home telephone		Work telephone
How were you referred to us? (Circle only one.)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:		E Open house	F Walk-in	G Other		

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer; we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your completed application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with the present, or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		Province		Postal code	
Supervisor's name			Phone number		
Base salary	Dates worked	From	To		
Reason for leaving					
Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		Province		Postal code	
Supervisor's name			Phone number		
Base salary	Dates worked	From	To		

Reason for leaving

Educational History

School name	Location (City, Province)	Major course or subject	Dates attended		Graduated		Degree / Diploma
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College or University (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

To be completed by applicant for office/clerical work

To be completed by applicant for technical work

To be completed by applicant for office/clerical work			To be completed by applicant for technical work	
Typing	Yes No	Words per minute:	Type(s) of security systems installed/programmed	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			

Military Record

Branch of service	From	To
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Present military affiliation:

None	Reserve (active)	Reserve (inactive)
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Kinds of training and duty while in service

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (Street, City, Province, Postal Code)	Phone no. (include area code)	Occupation

May we contact your present employer?	Yes
	No

Wage or salary required

Date available

Driving Information

Drivers License #	Province Issued	Expiration Date

Commercial Drivers License #	Province Issued	Expiration Date	Class	CDL #	CDL Endorsements

Have you ever been fired or asked to resign from any job during the past five years? If YES, please give details below.

Have you ever been found guilty of ANY law violations other than parking tickets or juvenile offenses?

I hereby certify that the answers and other information on this application are true and correct and I understand that any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of a Landed Immigrant registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date

Signature

If any of your educational or employment records are under any name(s) other than the above name, please provide other names.