



**APPLICATION FOR EMPLOYMENT**  
**(Treat As Confidential When Completed.)**

(Please print clearly and answer all questions.)

<b>Personal Data</b>						
Last Name		First Name			Initial	
Street Number		Box			RR#	
City		Postal Code			Tel. Home	
Languages written fluently		English <input type="checkbox"/>	French <input type="checkbox"/>		Tel. Work	
Languages spoken fluently		<input type="checkbox"/>	<input type="checkbox"/>		Tel. Cell	
Are you willing to travel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		What class of driver's license do you hold?	
Are you willing to relocate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		From which Province?	
Do you have reliable transportation to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you ever worked for or sought employment with this Company or any of its affiliated companies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		(Name, Company, Location, Dates)	
Position applied for:	Permanent <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Summer <input type="checkbox"/>			
	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Co-op <input type="checkbox"/>	Please Specify		
Were you ever convicted of a criminal offence for which a pardon has not been granted?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you eligible to accept employment in Canada?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Education Background</b>							
Type	Name of School	Location	Major	Dates		Degree	Average
				From	To		
Secondary							
Business, Trade Voc., CEGEP							
University							
Others							
Describe any other training, courses, qualifications, designations and/or licenses:							

<b>Employment Record</b> (Most Recent First)			
Dates	Address:	Position:	Salary
From:			
To:	Employer:	Supervisor & Title	Telephone
Explain briefly your duties in this position and reason(s) for leaving.			

Dates	Address:	Position:	Salary
From:			
To:	Employer:	Supervisor & Title	Telephone
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Dates	Address:	Position:	Salary
From:			
To:	Employer:	Supervisor & Title	Telephone
Explain briefly your duties in this position and reason(s) for leaving.			

<b>Additional Data</b>	
What date would you be available for employment?	What approximate salary do you expect?
How did you find out about this employment opportunity?	May we contact you at your present place of employment?      Yes <input type="checkbox"/> No <input type="checkbox"/>

Our organization is committed to providing a healthy and safe working environment free from the negative effects of alcohol and drug use. We have an alcohol and drug policy to support this commitment to health and safety. This policy requires participation in an alcohol and drug testing program, including a pre-employment drug test. In addition, we may also require you to undergo a pre-employment physical to ensure that you are capable of meeting the physical and related demands of the job for which you are applying.

I hereby authorize my prospective employer and its representatives to verify the information contained in this Application of employment. I further agree that any willful omission or misrepresentation shall be considered sufficient cause for denial or termination of employment.

I, the undersigned, grant permission to my prospective employer and its representatives to collect personal information about me (including test results of any kind) and to conduct reference and credit checks and a criminal record search for criminal convictions for which a pardon has not been granted. This information may be used to evaluate my application for employment and, if I am hired, this information may be kept in my employment file and updated from time to time. I agree that this information may be shared with my prospective employer's affiliated or related companies should I be considered for employment by any such companies. This permission includes my consent to the collection, use, disclosure and retention of information under the *Personal Information, Protection and Electronic Document Act* (Canada) or similar provincial legislation, if applicable.

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