



# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

**Please complete this application in as much detail as possible, even if you are also submitting a resumé.** The more you write, the easier it is for us to know if you are going to fit within our company. Attach extra paper as necessary. Thank you for applying.

Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Name (print) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>Postal Code</span> <span>Telephone Number</span> </div> How long at this address? _____	<p style="text-align: center; margin: 0;"><b>LANGUAGES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 33%; text-align: center;">Engl.</td> <td style="width: 33%; text-align: center;">German</td> <td style="width: 33%; text-align: center;">French</td> </tr> <tr> <td>Spoken</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Read</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Written</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Other Languages: _____ _____		Engl.	German	French	Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Engl.	German	French														
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older and less than 65 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Age _____
Do you have a reliable means of transportation to get to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of an offence under the Criminal Code of Canada, of any other country or state, or under any statute of any Province of Canada, for which you have not been pardoned and which may have some bearing upon the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For what position are you applying?		
How did you happen to apply for a position at our company?		
In addition to your work history, what other experiences, skills or qualifications make you a good fit for our company? _____		
Why do you want this job? _____	What is your expected rate of pay? \$ _____	
Date available to start?		
What are some things in a job that are important to you? _____ _____	What kinds of things in a job would make it not appealing to you? _____ _____	
What events, sports, hobbies or volunteer activities are you involved in?		

Are you currently enrolled in school or university?  Yes  No

Education	Name of School	Grade / Year Completed	Major	Diploma / Degree
High School				
Community College				
Business, Trade or Technical School				
University				
Other				

## Work History

Name of current or last employer (company)		Address (city)		Telephone		<b>Company use only</b>
Type of work	Date started MM / YR	Last date worked MM / YR	Starting Salary / Wage	Final Salary / Wage		References obtained
Identify immediate supervisor who would know your name.			What was her/his title?			Satisfactory Yes No
Position you held			Why did you leave?			
Duties and responsibilities						Writ. <input type="checkbox"/> <input type="checkbox"/>
What did you like most about your job? _____			What did you like least about your job? _____			

Name of previous employer (company)		Address (city)		Telephone		<b>Company use only</b>
Type of work	Date started MM / YR	Last date worked MM / YR	Starting Salary / Wage	Final Salary / Wage		References obtained
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Position you held			Why did you leave?			
Duties and responsibilities						Writ. <input type="checkbox"/> <input type="checkbox"/>
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What did you like most about your job? _____			What did you like least about your job? _____			

If currently employed, may we contact your present employer for a reference?  Yes  No

**PLEASE READ CAREFULLY**

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If, hired, I agree to abide by all rules and regulations fo the Company, including serving an intitial probationary period.

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