

EMPLOYMENT APPLICATION

We are an equal opportunity employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age(for those age 40 or over), or any other basis protected by federal, provincial, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

PLEASE PRINT CLEARLY	DATE:		
·			
PERSONAL			
First Name:	Middle:	Last:	
Address:		S.I.N	
City, Postal Code:		Tel:	
How did you find out about this job?			
If hired, do you have a reliable means of transportation to ge	t to work? (Circle) Yes <u>or</u> No	What is it?	
Minimum Salary Expected:			
If the job you are applying for requires driving: Driver's Lice	nce Number:	Expiry Date:	





EMPLOYMENT DATA

Are you seeking: (Circle)	Full-Time	Part-Time	Temporary	What position(s) are you applying for? _	
What hours and shift(s) would	d you prefer to v	vork?			
What hours and shift(s) would	d you prefer not	to work?			
Please indicate any shift(s) yo	u would not be	available to work.			
Are you willing to work overti	me? (Circle)	Yes <u>or</u> No	Weekends? (Circle) Yes <u>or</u> No	
Are you currently employed?	(Circle) Yes	<u>or</u> No	If hired, when	would you be able to start?	
List any friends or relatives en	nployed by this	company:			
Are you on layoff and subject	to recall? (Circl	e) Yes <u>or</u> No	ı		
Have you ever been discharge	ed or asked to re	esign from any pos	sition? (Circle	e) Yes <u>or</u> No	
If yes, please describe:					





EDUCATION (Circle hi	ghest level	attained	d)					
Elementary: 1 2 3			_	ry: 9 10 11 12 13	College: 1 2 3	3 4 5 6 7 8	University:	1 2 3 4 5 6 7 8
School:			School:		School:		School:	
Location:			Location		Location:		_ Location:	
Please describe a brief	description	of your	education a	accomplishments:				
MILITARY SERVICE								
Are you a veteran?	(<u>Circle</u>)	Yes <u>c</u>	<u>or</u> No	If yes, give da	ates of service:	From	t	0
List any special skills or	training:							





WORK HISTORY (Please list your last four employers. Begin with the most recent.)

1. Company			Phone Number	
Date of employment:	From:	To:	Salary Beginning:	_ Ending:
Job Title:			Supervisor:	
Describe duties briefly:				
Specific reason for leaving	::			
2. Company			Phone Number	
Date of employment:	From:	To:	Salary Beginning:	_ Ending:
Job Title:			Supervisor:	
Describe duties briefly:				
Specific reason for leaving	;;			
3. Company			Phone Number	
Date of employment:	From:	To:	Salary Beginning:	Ending:
Job Title:			Supervisor:	





Describe duties briefly:			
Specific reason for leaving:			
4. Company		Phone Number	
Date of employment: From:	To:	Salary Beginning:	Ending:
Job Title:		Supervisor:	
Describe duties briefly:			
Specific reason for leaving:			
May we contact all of the employers listed above?	(Circle) Yes <u>or</u>	No If not, tell us which o	ne(s) you do not wish us to contact and why.
	(ee.e)es <u>e</u>		
How many jobs have you had in the last 5 years not list	ed above?		
Why are you seeking a new position at this time?			
List any business-related outside interests and organiza	ntions you're active in:		

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my





employment to any potential employer. I authorize this company, if applicable, to request a copy of my motor vehicle driving record, credit report, and any other investigative report deemed necessary through various third party sources. If requested, I will take a post-job offer physical examination and my employment, in the event I receive treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related. I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will. No individual with the company is authorized to change the employment at will status except an officer of the company, who may only do so in writing. I have read and agree to the above.

Applicant's Signature:	 Dated:	

Check over the foregoing application making sure it is complete and signed

