



Employment Application

Full Name: Last First M.I. Address: City Province Postal Code

S.I.N. D.O.B. Position:

CELL# HOME #

MALE FEMALE DO YOU HAVE RELIABLE TRANSPORTATION

WHEN ARE YOU AVAILABLE? DAYS NIGHTS WEEKENDS

DO YOU REQUIRE FULLTIME PART TIME

DO YOU HAVE A DANGEROUS GOODS CARD? YES NO

Are you a citizen of CANADA? YES NO If no, are you authorized to work in CANADA.? yes NO

Have you ever been convicted of a felony? YES NO

HAVE YOU EVER CLAIMED WORKERS COMPENSATION? YES NO IF YES, WHEN

HAVE YOU EVER BEEN DRUG TESTED? YES NO WHEN DID YOU PASS?

DO YOU HAVE ANY HEALTH RESTRICTIONS? YES NO EXAMPLE HEAVY LIFTING , NIGHT DRIVING ETC

If yes, explain:

Education

College/ High School: Address :

From: To: Did you graduate? YES NO Degree:

Previous Employment

Company/ Address: Supervisor: Ph#

Job Title: Starting Salary: Ending Salary:

From: To: Reason for Leaving: Responsibilities

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date: