

**EMPLOYMENT APPLICATION**  
**PLEASE PRINT**

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**PERSONAL DATA**

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NAME: \_\_\_\_\_ TELEPHONE RES. ( ) \_\_\_\_\_

BUS. ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ AGES OF DEPENDENT CHILDREN: \_\_\_\_\_

POSITION OR TYPE OF WORK DESIRED \_\_\_\_\_

DATE OF APPLICATION: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ SOCIALINS. NO. \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU ABLE TO PROVIDE A CRIMINAL CHECK ABSTRACT IF REQUESTED? YES \_\_\_\_\_ NO \_\_\_\_\_

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**EDUCATION**

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NAME	Dates attended		Degree/Diploma or highest level
	From	To	

HIGH SCHOOL:

\_\_\_\_\_

UNIVERSITY/COLLEGE

\_\_\_\_\_

TECHNICAL, OTHER LANGUAGES

\_\_\_\_\_

DRIVING COURSES and/or AWARDS

\_\_\_\_\_

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO WHAT IS YOUR STATUS \_\_\_\_\_

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DRIVERS LICENSE:

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PROVINCE \_\_\_\_\_ LICENSE# \_\_\_\_\_ CLASS \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

**MEDICAL**

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DO YOU WEAR GLASSES OR CORRECTIVE LENSES? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST ANY PHYSICAL LIMITATIONS: \_\_\_\_\_

LAST PHYSICAL EXAM \_\_\_\_\_ DRS. NAME & ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN INJURED ON THE JOB? YES \_\_\_\_\_ NO \_\_\_\_\_

GIVE NATURE OF INJURIES: \_\_\_\_\_

HAVE YOU EVER RECEIVED WORKERS COMPENSATION? YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN \_\_\_\_\_ HOW LONG: \_\_\_\_\_

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**EMPLOYMENT HISTORY – minimum 3 years employment history with no gap**

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**COMPANY NAME:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**STARTING SALARY** \_\_\_\_\_ **FINAL** \_\_\_\_\_

**NATURE OF BUSINESS** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**RESPONSIBILITIES, DUTIES AND SPECIAL ACCOMPLISHMENTS** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**STARTING SALARY** \_\_\_\_\_ **FINAL** \_\_\_\_\_

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**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**STARTING SALARY** \_\_\_\_\_ **FINAL** \_\_\_\_\_

**NATURE OF BUSINESS** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**RESPONSIBILITIES, DUTIES AND SPECIAL ACCOMPLISHMENTS** \_\_\_\_\_

**TRAFFIC VIOLATIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than Parking Violations)**

<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes: \_\_\_ No: \_\_\_

B) Has any license, permit or privilege ever been suspended or revoked? Yes: \_\_\_ No: \_\_\_

**IF THE ANSWER TO EITHER A OR B IS "YES", ATTACH STATEMENT GIVING DETAILS**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_