



## JOB APPLICATION FORM

*Instructions: Print clearly in black/blue ink. Answer all questions. Sign and date the form*

### PERSONAL INFORMATION:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Street Address

City, State, Zip Code

\_\_\_\_\_

Phone Number

( ) \_\_\_\_\_

Are you eligible to work in Canada?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment / age certificates?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a crime within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT HISTORY:

Present or Last position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Previous Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**POSITION / AVAILABILITY:**

Position Applied For:  
\_\_\_\_\_

Days / Hours Available:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Hours Available: From: \_\_\_\_\_ To: \_\_\_\_\_

What date are you available to start work?

\_\_\_\_\_

We need last 14 days worked (prior to hiring) hours each day.

**EDUCATION:**

Name and Address of School – Degree / Diploma – Graduation Date:

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Skills and Qualifications: Licenses, Skills, Training, Awards:

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May we contact your present employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES:**

Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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Date Hired \_\_\_\_\_

Date Started \_\_\_\_\_