

EMPLOYMENT APPLICATION

Section 1 PERSONAL INFORMATION

Last name: _____ First name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____

Canadian citizen: Yes No If you answered no, can you legally work in Canada? _____

Social insurance no.: _____ Health insurance no.: _____

Date of birth: _____ Do you have a vehicle? Yes No

Section 2 POSITION DESIRED

Position desired: _____

Date available to start: _____

What kind of job are you seeking? Full time Part time After school

When can you work? Days Evenings Nights Weekends

How much overtime can you work each week?

None 3 hours 6 hours 9 hours 12 hours More

Section 3 EXPERIENCE (Provide the names and addresses of your employers, beginning with the most recent)

Company name: _____

Contact: _____ Phone: _____

Your position: _____

Reason for leaving: _____

Primary responsibilities: _____

Employed from _____ to _____

Company name: _____

Contact: _____ Phone: _____

Your position: _____

Reason for leaving: _____

Primary responsibilities: _____

Employed from _____ to _____

Company name: _____

Contact: _____ Phone: _____

Your position: _____

Reason for leaving: _____

Primary responsibilities: _____

Employed from _____ to _____

