

**APPLICATION
FOR EMPLOYMENT**

TEL (613) 831-1736
FAX (613) 831-2048

Please Print All Information

Position Applied For: _____ Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Province: _____

Telephone Number(s): _____

Email: _____

How Did You Learn About This Opening?

Advertisement Walk-In Relative: _____ Friend: _____

You are Available to Work:

Temporary Part Time Full Time

Date you can Begin Work: _____

Rate of Pay expected: \$ _____ per hour

Are you currently employed?	Yes	No
Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status?	Yes	No
Have you been convicted of a crime within the last seven (7) years?: <i>(Conviction will not disqualify an applicant from employment)</i>	Yes	No
If hired, do you have reliable means of transportation to get to work?	Yes	No
Are you aware of any Health problem that would preclude you from performing the duties of this job,	Yes	No
Are you willing to undergo a job-related Medical Examination by a Physician selected by this company?	Yes	No
Do you have any objection to providing abstracts of your driving record on request?	Yes	No

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EDUCATION:

High School:	
University:	
Technical/Other:	

PRIOR WORK HISTORY (List in order, Last or present employer first)

CURRENT EMPLOYER

Dates		Name of Employer	Rate of Pay	Reason for Leaving
From	To			

Describe in detail the work you did.

PREVIOUS EMPLOYER

Dates		Name of Employer	Rate of Pay	Reason for Leaving
From	To			

Describe in detail the work you did.

May we contact the employers listed above?	Yes	No
If not, indicate which one you do not wish us to contact.		
Have you had any injury or illness in the last 10 years?	Yes	No
If yes, describe.		
Have you had any automobile accident during the last 3 years?	Yes	No
If yes, describe.		
Have you had any convictions arising out of the use, ownership or operations of any motor vehicle during the past 3 years?	Yes	No
If yes, describe.		

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PERSONAL REFERENCES

Give the names of at least 2 persons who can supply information pertinent to your job performance (excluding former employers or relatives)

Name	Occupation	Phone Number
1.		
2.		

Occasionally the form of an application makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

APPLICANT'S STATEMENT

Please read carefully before signing

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision. I hereby release the Company and any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. Should I be employed by the Company any false or misleading information will result in my employment being immediately terminated.

SIGNATURE OF APPLICANT: _____