## APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

| offessional Objective:                    | Date Available for Work:  |
|---|---|
|   | PERSONAL DATA   |
| Name Given Name                           | Telephone Number:   |
| Province                                  | Postal Code Birth Date (month/day):/                                |
|   | EDUCATION   |
| ghest Grade or Level Completed:           | Type of Certificate or Diploma:                                     |
| siness Trade or Technical School          |   |
| me of Course:                             | Length of Course:   |
| ense, Certificate or Diploma Awarded      | ? Yes ( ) No ( ) License of Certificate Number:                     |
| mmunity College and University Study      |   |
|   | Length of Program:  |
|   | Diploma/Degree Awarded? Yes ( ) No ( ) Honours ( )                  |
| scribe any of your work related skills, e | experience or training that relate to the position applied for:     |
|   |   |
| e you willing to have a Mantoux skin to   | est (TB test)? Yes ( ) No ( )                                       |
| e you willing to have an annual Flu Vac   | ccine? Yes ( ) No ( )   |
| you have any physical limitations which   | ch might interfere with or limit your performance in the job(s) you |
| applying for? Yes ( ) No ( ) If ye        | es, explain which functions of the job you cannot perform:          |

| me and Address of Present/Last Employer  | Present/Last Job Title    |           |  |
|--|---------------------------|-----------|--|
|  | Period of Employment From | to        |  |
|  | Present/Last Salary       |           |  |
|  | Name of Supervisor        |           |  |
| ephone Number:   | Type of Business          |           |  |
| ties/Responsibilities:   |                           |           |  |
| ason for Leaving:  |                           |           |  |
| me and Address of Previous Employer  | Present/Last Job Title    |           |  |
|  | Period of Employment From | to        |  |
|  | Present/Last Salary       |           |  |
|  | Name of Supervisor        |           |  |
| lephone Number:  | Type of Business          |           |  |
| ties/Responsibilities:   |                           |           |  |
| ason for Leaving:  |                           |           |  |
| me and Address of Present/Last Employer  | Present/Last Job Title    |           |  |
|  | Period of Employment From | to        |  |
|  | Present/Last Salary       |           |  |
|  | Name of Supervisor        |           |  |
| lephone Number:  | Type of Business          |           |  |
| ties/Responsibilities:   |                           |           |  |
| ason for Leaving:  |                           |           |  |
| employment references, may we approach: ur present/last employer? Yes ( ) No ( ) tivities (Civic, Athletic, etc.) ve you applied to this company previously? Ye what position? | Yes ( ) No ( ) When?      | )         |  |
| ereby declare this information is true and comnderstand that any false statement may disqua  |                           | ismissal. |  |