APPLICATION FOR EMPLOYMENT



DATE APPLYING:_____

FIRST NAME:	LAST NAME:		
HOME ADDRESS:	CITY:	POSTAL CODE:	
HOME PHONE #:	CELL #:		
EMAIL ADDRESS:			

POSITION APPLYING FOR:	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA
FULLTIME	YES / NO
PART TIME	ARE YOU AVAILABLE TO WORK ON STATUTORY HOLIDAYS?
OTHER	YES / NO
DATE AVAILABLE:	ARE YOU AVAILABLE TO WORK ON SUNDAYS?
EXPECTED WAGE:	YES / NO

AVAILIBILITY

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From (time)							
To (time)							

EMPLOYMENT BACKGROUND

EMPLOYER NAME:	PHONE:I
POSITION:	WAGE OR SALARY:
SUPERVISOR NAME:	RESPONSIBILITIES:
EMPLOYED FROM:	TO:
REASON FOR LEAVING:	
MAY WE CONTACT YOUR EMPLOYER? YES NO	

REFERENCES

NAME:	_ PHONE:		
NAME:	_ PHONE:		
NAME:	_ PHONE:		
As a condition of my application for employment, I authorize investigation of all statements in this application.			
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I understand that all decisions will be based on non-discriminatory consideration and that misrepresentation or omission of fact is just cause for the rejection of my application or dismissal.
SIGNATURE: _____ DATE: _____

TO BE COMPLETED AFTER HIRING:				
WAGE:	_ START DATE:	3 MONTH PROBATION DATE:		
SOCIAL INSURANCE#:		DATE OF BIRTH:		
EMERGENCY CONTACT NA	ME:	PHONE#:		
SIGNATURE:		DATE:		