

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES _____ FROM _____ TO _____		WHAT SOURCE REFERRED YOU TO THIS COMPANY?	
WHAT WAS YOUR POSITION? (WHEN YOU LEFT)		WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU WILLING TO RELOCATE? ANSWER ONLY IF JOB RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>	PREFERRED LOCATIONS _____	

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS: (DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL CHARACTER.)

REFERENCES

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

 SIGNATURE DATE

FOR OFFICE USE ONLY

COMMENTS

INTERVIEWER:

THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>		IN CASE OF EMERGENCY NOTIFY: NAME _____			
		ADDRESS _____		TELEPHONE _____	
DATE OF BIRTH (MM/DD/YY) ____/____/____		FAMILY DOCTOR _____		TELEPHONE _____	
DATE HIRED (MM/DD/YY) ____/____/____		POSITION HIRED FOR _____	STARTING RATE _____	FIRST DAY WORKED (MM/DD/YY) ____/____/____	
				LAST DAY PAID FOR ____/____/____	

SMART SERVE NUMBER: _____ COPY OBTAINED? YES NO

WHMIS CERTIFICATION: _____ COPY OBTAINED? YES NO