



PLEASE FILL OUT ALL INFORMATION  
NOT ON RESUME & SIGN BOTTOM

RESUME ATTACHED

POSITION APPLIED FOR	WAGES EXPECTED
DATE AVAILABLE TO START	

**APPLICATION FOR EMPLOYMENT - SECURITY**

LAST NAME	FIRST	MIDDLE	SOCIAL INSURANCE NUMBER																				
ADDRESS			STREET					CITY/TOWN					POSTAL CODE										
TELEPHONE						-						PHONE 2						-					
EMAIL																							
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>																							
DO YOU HAVE YOUR SECURITY LICENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>															LIC #								
ARE YOU SMART SERVE CERTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>															SS#								
ARE YOU WHMIS CERTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>																							

**EDUCATION RECORD**

	SCHOOL NAME / ADDRESS	DATE FROM / TO	SUBJECT	DIPLOMA / DEGREE AWARDED	
SECONDARY SCHOOL				YES <input type="checkbox"/>	NO <input type="checkbox"/>
BUSINESS TRADE OR TECHNICAL SCHOOL				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMMUNITY COLLEGE				YES <input type="checkbox"/>	NO <input type="checkbox"/>
UNIVERSITY				YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL COURSES, SEMINARS, WORKSHOPS

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION APPLIED FOR.

**LANGUAGE**

	SPOKEN	WRITTEN
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)**

COMPANY NAME	FROM:	LAST SALARY	JOB TITLE
ADDRESS	TO:	\$	RESPONSIBILITIES, DUTIES:
REASON FOR LEAVING	TYPE OF BUSINESS		
COMPANY NAME	FROM:	LAST SALARY	JOB TITLE
ADDRESS	TO:	\$	RESPONSIBILITIES, DUTIES:
REASON FOR LEAVING	TYPE OF BUSINESS		
COMPANY NAME	FROM:	LAST SALARY	JOB TITLE
ADDRESS	TO:	\$	RESPONSIBILITIES, DUTIES:
REASON FOR LEAVING	TYPE OF BUSINESS		
COMPANY NAME	FROM:	LAST SALARY	JOB TITLE
ADDRESS	TO:	\$	RESPONSIBILITIES, DUTIES:
REASON FOR LEAVING	TYPE OF BUSINESS		

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?		WHAT SOURCE REFERRED YOU TO THIS COMPANY?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES _____	_____
		FROM	TO

WHAT WAS YOUR POSITION? (WHEN YOU LEFT)	WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 _____
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**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

\_\_\_\_\_

CRIMINAL RECORD? YES  NO

HEIGHT:

\_\_\_\_\_

WEIGHT:

\_\_\_\_\_

FIGHTING SKILLS: \_\_\_\_\_

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 _____
DATE OF BIRTH (MM/DD/YY) ____/____/____	ADDRESS _____ TELEPHONE _____
	FAMILY DOCTOR _____ TELEPHONE _____

DATE HIRED (MM/DD/YY) ____/____/____	POSITION HIRED FOR _____	STARTING RATE _____	FIRST DAY WORKED (MM/DD/YY) ____/____/____	LAST DAY PAID FOR ____/____/____
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SECURITY LICENCE NUMBER:	COPY OBTAINED? YES <input type="checkbox"/> NO <input type="checkbox"/>
SMART SERVE NUMBER:	COPY OBTAINED? YES <input type="checkbox"/> NO <input type="checkbox"/>
WHMIS CERTIFICATION NUMBER:	COPY OBTAINED? YES <input type="checkbox"/> NO <input type="checkbox"/>