

APPLICATION FOR EMPLOYMENT

DATE: _____

BACKGROUND

NAME: _____ TELEPHONE: (____) _____
LAST FIRST INITIALS

ADDRESS: _____
No. & STREET CITY POSTAL CODE

POSITION APPLYING FOR: _____ WHEN AVAILABLE: _____ RATE DESIRED: _____/_____
TIME/S TIME/S

FULL-TIME PART-TIME AVAILABLE: _____ FREELANCE AVAILABLE: _____ SHIFTWORK? _____

ARE YOU NOW EMPLOYED? _____ OWN TRANSPORTATION? _____ OWN HOME? _____

LANGUAGES OTHER THAN ENGLISH SPOKEN: _____ WRITTEN: _____

EDUCATION

	NAME	CITY	FROM	TO	DIPLOMAS/DEGREES
<input type="checkbox"/> PUBLIC SCHOOL			—		
<input type="checkbox"/> HIGH SCHOOL			—		
<input type="checkbox"/> COLLEGE/UNIVERSITY			—		
<input type="checkbox"/> OTHER COURSES					

EXPERIENCE

DATES	PREVIOUS WORK EXPERIENCE (LIST LAST EMPLOYER FIRST) COMPANY AND ADDRESS	POSITION	REASON FOR LEAVING
FROM: _____	NAME: _____	TITLE: _____	
TO: _____	ADDRESS: _____	SUPERVISOR: _____	
FROM: _____	NAME: _____	TITLE: _____	
TO: _____	ADDRESS: _____	SUPERVISOR: _____	
FROM: _____	NAME: _____	TITLE: _____	
TO: _____	ADDRESS: _____	SUPERVISOR: _____	

COMMENTS

OTHER PERTINENT INFORMATION, EXPERIENCE AND EDUCATION

REFERENCES

CHARACTER REFERENCES (PERSONS WHO KNOW YOU WELL, OTHER THAN RELATIVES)			
NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT. SHOULD ANY STATEMENT BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.

DATE: _____ SIGNATURE: _____

OFFICE

FOR OFFICE USE ONLY

STARTING POSITION: _____ STARTING SALARY: _____/HOUR MONTH YEAR

STARTING DATE: _____ SOCIAL INSURANCE NO. _____

PERSON TO BE NOTIFIED: _____

COMMENTS: _____