

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:			ARE YOU PREPARED TO WORK ANY AND ALL SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			IF NO, SPECIFY YOUR PREFERENCE:	
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> FULL-TIME	DATE AVAILABLE	WAGES EXPECTED	HOW DID YOU LEARN OF THIS OPENING?
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART-TIME			

PERSONAL			
LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS			TOWN/CITY
PROVINCE	POSTAL CODE	PHONE: HOME	OTHER
NOTE: To be legally entitled to work in Canada, you must be a Canadian Citizen, a Permanent Resident, or have a valid Work Permit			
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Do you have a resume? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach a copy to this application.

EMPLOYMENT HISTORY (MOST RECENT EMPLOYER FIRST)			
COMPANY		EMPLOYED FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION HELD
		(M) (Y) TO (M) (Y)	
ADDRESS		SALARY	SUPERVISOR
PHONE NUMBER	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER REFERENCE			
DESCRIBE DUTIES IN FULL:			

COMPANY		EMPLOYED FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION HELD
		(M) (Y) TO (M) (Y)	
ADDRESS		SALARY	SUPERVISOR
PHONE NUMBER	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER REFERENCE			
DESCRIBE DUTIES IN FULL:			

COMPANY		EMPLOYED FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION HELD
		(M) (Y) TO (M) (Y)	
ADDRESS		SALARY	SUPERVISOR
PHONE NUMBER	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER REFERENCE			
DESCRIBE DUTIES IN FULL:			

EDUCATION			
	GRADE COMPLETED	MAJOR/ COURSE STUDIED	DEGREE/ DIPLOMA RECEIVED
HIGH SCHOOL			
UNIVERSITY OR COLLEGE			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES WHICH YOU FEEL WOULD BENEFIT YOUR POSITION IN THE JOB YOU ARE APPLYING FOR.			

HAVE YOU BEEN EMPLOYED BY ANY MEMBER OF THE ABC GROUP OF COMPANIES PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
LOCATION	DEPARTMENT	SUPERVISOR
NAMES OF FRIENDS OR RELATIVES IN OUR COMPANY		
<p>I hereby certify that the information provided in this <i>Application for Employment</i> (including any attachments such as my resume) is true, accurate and complete.</p> <p>In order for you to evaluate my suitability for employment with the Company, I hereby authorize you to contact any of my former employers or to conduct any other inquiries you deem necessary for this purpose.</p> <p>I understand and agree that if the Company hires me that: (i) my first (3) three months of employment will be probationary, during which time either the Company or I may terminate my employment for any reason without prior notice; (ii) in the event the Company terminates my employment or any future position I may hold with the Company or any affiliate of it, for any reason, that my maximum entitlement to notice of termination or pay in lieu of notice from the Company shall be the minimum payment required pursuant to the Employment Standards Act, 2000 of Ontario or any future amendments or re-enactments of same; (iii) I will follow and be bound by all lawful instructions, rules and policies made or given by the Company from time to time and will execute and be bound by the Company's standard form of Confidentiality Agreement.</p> <p>I HAVE READ, UNDERSTOOD AND HEREBY AGREE TO THE ABOVE</p>		
DATE		SIGNATURE
_____		_____
		PRINT NAME

TO BE COMPLETED UPON HIRING:			
USUAL FIRST NAME		LANGUAGES SPOKEN (IN ORDER OF PREFERENCE)	
		1)	2) 3)
PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY	RELATIONSHIP	HOME PHONE NO. OTHER PHONE NO.	SOCIAL INSURANCE NUMBER/ OR SOCIAL SECURITY NUMBER
POSITION TITLE	EMPLOYEE NO.	DEPT #	DEPT. NAME
STARTING DATE		STARTING RATE	BIRTH DATE
(DAY)	(MONTH) (YEAR)		(DAY) (MONTH) (YEAR)
EMPLOYEE CLASSIFICATION			
<input type="checkbox"/> ADDITION <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			
TWO (2) PIECES OF I.D. SIN [] _____		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED DEPENDENTS:	
HEALTH INSURANCE # [] _____			