



EMPLOYMENT APPLICATION

For Office Use Only

Please print clearly. In order that your application may properly be evaluated, it is essential that all of the following questions be answered completely. A personal resume may be attached to supplement this application.

Name: (Last) (First) (Middle)		Application Date:	Date Available:
Address: (Street) (City) (Province) (Postal Code)		Home Phone:	Business Phone:
Position Applied For: <input type="checkbox"/> Production <input type="checkbox"/> Office		<input type="checkbox"/> Truck - What type of license _____ <input type="checkbox"/> Other Specify _____	<input type="checkbox"/> Student Production <input type="checkbox"/> Co-op/Office Student

Working Conditions Please put a check beside any of the following if you would **NOT** be able to work under these conditions:

<input type="checkbox"/> Continental Shifts	<input type="checkbox"/> Day Shifts	<input type="checkbox"/> Weekends	<input type="checkbox"/> Rotating Shifts
<input type="checkbox"/> Night Shifts	<input type="checkbox"/> Afternoon Shifts	<input type="checkbox"/> 12 Hour Shifts	

Work History

Name and address of company and type of business (starting with most recent)	From		To		Weekly Salary	Job Duties/Responsibilities	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
#1 Telephone:							
#2 Telephone:							
#3 Telephone:							

May we contact the employers above? If not, indicate by circling the number you DO NOT wish us to contact #1, #2, #3

Employment

Institution	Currently Enrolled	Name	No. Months/Years Completed	Program/Degree/Diploma/Certificate/License
High School				
College / University				
Technical Training				
Trades Training				
Apprenticeship				
Other (specify)				

Have you had any training and/or experience with and of the following? Include Jobs, Volunteer Work, and School

<input type="checkbox"/> Forklift	<input type="checkbox"/> Trucks	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Elevator or Processing Equipment
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Extra Curricular Activities - Have you ever volunteered or participated on any committees, teams or special projects? If yes, please explain the role of the team(s), your role and the results

Performance Recognition - Have you received any special awards, recognition, or bonuses for outstanding performance? If yes, explain why.

Past Experience

Please read the tasks listed below and indicate with a check in the yes/no box if you have had 6 months or more previous experience doing each task. This includes past jobs, volunteer work, and/or school experience.

	Previous Experience		If yes list specific examples	Interested in doing work	
	Yes	No		Yes	No
Have you ever operated farm machinery?					
Have you operated a fork lift?					
Have you had a job that required shift work?					
Have previous jobs required learning more than on job or task?					
Have you worked with others as a team player?					

Past Discipline/Discharge Have you ever been discharged from employment or been given a disciplinary suspension? Yes No

Company Name	Reason for Discharge or Suspension	Comments that you have about the action taken against you.

Criminal Record Have you ever been convicted of a criminal offence (Criminal Code of Canada) for which a pardon has not been granted? Yes No

Other Information