

Optical & Laboratory

200 Edgeley BLVD. Unit 22 905-761-1999 Fax :(905)761-3339 www.svoptical.com

Job Application

For office use only

Personal Information						
Last	First	MI	SIN#	Email		
Street Address	City	Province	Postal Code	Home Phone	Mobile Phone	
Street Address	City	Trovince	i ostat code	nome i nome	mobile i none	
		1				
Residency status in Canada?		Are you 18 or older?	YesNo	If yes, Date of Birth		
		If yes, please explain:				
Have you been conviced of a felony or been incarcerated in connection with a felony in the past seven years?						
		days and time availi	hility			
	Part time?days and time availibility					
What position are you applying for?		How did you boar abo	How did you hear about us?			
mat position are you apprying for.						
Expected Hourly Rate	Expected Weekly Earnings	Date Available				
Prior Work Experience	Current or Most Recent	Prior		Prior		
Employer	1	2		3		
Address						
City, ST, Postal code						
				-		
Telephone						
Name of Immediate Supervisor				·		
Name of Immediate Supervisor						
Dates of Employment	From To	From	То	From	То	
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	YesNo	∐Yes □No		□Yes □No		
Education						
Education	Name/Location			Last Year Complete	Degree	
High School/ College/ University						
The school college on versity						
Refrences						
Last name	First name	Address		City/Prov.	Phone #	
1						
2						
3						
Training						
List any applicable special skills,						
training or proficiencies.						
	t the above information, to the best of my knowledge, this information may prevent me from being hired or	Signature			Date	
lead to my dismissal if hired. I also provide o	consent for former employers to be contacted					
regarding work records.						