



# EMPLOYMENT APPLICATION

Position Applied For		Type of Employment Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		Date
Name of Applicant (please indicate how you wish to be addressed)				
Surname		First Name		Initial (s)
Address (No., Street)			City	
Province	Postal Code	Telephone Number	Business Number	
What language(s) do you speak/write fluently?				
Some positions in the company require that staff be bonded				
Are you bondable? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever been bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you legally entitled to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you willing to relocate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Do you have any previous employment and/or non-compete agreements? If yes, please explain: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> Class				
<b>EDUCATION</b>				
High School attended and location		Highest grade successfully completed		Year graduated
University attended and location		No. of years	Year graduated	Degrees
Major subjects of specialization				
Community College attended and location		No. of years	Year graduated	Degrees
Major subjects of specialization				
Other Educational Training/Courses				
<b>OFFICE/SECRETARIAL APPLICATIONS</b>				
Skill/Aptitude		Years of experience		Words per minute
Typing				
Shorthand				
List secretarial training courses completed and any other training which maybe helpful in considering your application:				

<b>EMPLOYMENT HISTORY</b> (List present or most recent position first)			
1. Name of Employer		Address	
Type of Business	Department	Your Position	
Duties			
Name and Position of Immediate Supervisor			
Date Employed (MM/DD/YY)	Date Left (MM/DD/YY)	Starting Salary	Final Salary
Reason for leaving			
2. Name of Employer		Address	
Type of Business	Department	Your Position	
Duties			
Name and Position of Immediate Supervisor			
Date Employed (MM/DD/YY)	Date Left (MM/DD/YY)	Starting Salary	Final Salary
Reason for leaving			
3. Name of Employer		Address	
Type of Business	Department	Your Position	
Duties			
Name and Position of Immediate Supervisor			
Date Employed (MM/DD/YY)	Date Left (MM/DD/YY)	Starting Salary	Final Salary
Reason for leaving			
<b>REFERENCES</b> (Please do not list relatives or former employers)			
Name	Known How Long?	Daytime Phone Number	

## PHYSICAL RECORD

Do you have any impairments in: hearing \_\_\_\_\_ Vision \_\_\_\_\_ Speech \_\_\_\_\_

Please Explain:

What is your present condition of health?

Are you willing to take a physical examination?  Yes  No

How much time have you lost due to illness in the past two years?

What else would you like us to know about you?

## PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and believe the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with the company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent to obtaining such personal and job-related information as required in connection with this application for employment.

Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

## DO NOT WRITE BELOW THIS LINE

Interviewed By:

Date:

Remarks:

Neatness:

Character:

Personality:

Ability: