



Phone (604) 882-4872

Toll Free (800) 991-2363

Fax (604) 882-4873

APPLICATION FOR EMPLOYMENT

Date: _____
 Name: _____
 SIN# _____ Date of Birth: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Cell: _____
 Email: _____

Education:

Last grade completed: _____ School: _____
 City: _____ Date: _____
 Additional training: _____
 Specialized tickets or training: _____

Employment History:

(List present or last employer first)

1. Company Name & Address _____
 Date _____ Supervisor _____
 Position _____ Phone _____
 Reason for leaving: _____

2. Company Name & Address _____
 Date _____ Supervisor _____
 Position _____ Phone _____
 Reason for leaving: _____

3. Company Name & Address _____
 Date _____ Supervisor _____
 Position _____ Phone _____
 Reason for leaving: _____

Position applying for:

Wage Expectation: _____ Shift Preference: Day Afternoon

I acknowledge and understand that the information provided above is confidential and will only be used by authorized personnel to create and maintain my employment record. Any personal information included above will not be disclosed to a third party (excluding benefit administrators and government agencies) without my verbal or written consent.

Signature