

# Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Province Postal Code

Telephone # ( ) \_\_\_\_\_ Other Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Salary desired \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

Are you available to work overtime if required?  Yes  No

Have you been employed at this company before?  Yes  No  
 If yes, when? \_\_\_\_\_ and at what location? \_\_\_\_\_

As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure?  Yes  No

## EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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JOB TITLE		HOURLY RATE/SALARY STARTING		
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

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**COMMENTS** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

What was the best job you've ever had? Why did you like it so much? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was your least favorite job? What did you NOT like about it? \_\_\_\_\_

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Who was the best supervisor or manager you've had? What characteristics made that person a good manager? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your greatest strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

As your skills and abilities relate to your work experiences, what are the areas for improvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What traits or characteristics do you most admire in co-workers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What traits or characteristics do you most DISLIKE in co-workers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you won five million dollars in the lottery, would you choose to work? What would you do with your time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the funniest thing that ever happened to you at work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you think is the most difficult part of sales / customer service work? \_\_\_\_\_

Imagine you have been on your feet and working hard all day. A customer you are assisting is rude and impatient, what do you do?

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**REFERENCES**

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			( )
			( )
			( )

*I certify that all the information I have provided is true, complete and correct.*

*I authorize you and your organization to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.*

*Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.*

*I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in Canada.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_