

## Job Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

### PERSONAL INFORMATION:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address  
\_\_\_\_\_

City, Province, Zip Code  
\_\_\_\_\_

Phone Number

(\_\_\_\_) \_\_\_\_\_

Are you eligible to work in Canada?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificates?

Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### POSITION/AVAILABILITY:

Position Applied For  
\_\_\_\_\_

Days/Hours Available

Monday \_\_\_\_  
Tuesday \_\_\_\_  
Wednesday \_\_\_\_  
Thursday \_\_\_\_  
Friday \_\_\_\_  
Saturday \_\_\_\_  
Sunday \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?  
\_\_\_\_\_

**EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

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

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_ No \_\_\_\_

**References:**

Name/Title Address Phone

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

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_