

JOB APPLICATION FORM



Personal Information

Date: _____

NAME:

_____ Last

_____ First

_____ Phone:

ADDRESS:

_____ Box No. / Street

_____ City

_____ Province

_____ Postal Code

POSITION

WHEN

RATE

APPLYING FOR: _____

AVAILABLE: _____

DESIRED: \$ _____

Desired Employment:

Full-time

Part-time

Full-time or Part-time

Are you currently Employed?

Yes No

Do you have a valid Driver's License?

Yes No

Do you have access to a vehicle?

Yes No

Education

	Name & Location of School	Year (From - To)	DIPLOMAS/DEGREES
HIGH SCHOOL:		-	
COLLEGE / UNIVERSITY:		-	
OTHER COURSES:		-	

Previous Work Experience

Dates	Company and Address	Position	Reason for Leaving
From:	Name:	Title:	
To:	Address:	Supervisor:	
From:	Name:	Title:	
To:	Address:	Supervisor:	
From:	Name:	Title:	
To:	Address:	Supervisor:	

Other Pertinent Information, Experience and Education

Character References (Persons who know you well, other than Relatives)

Name	Occupation	Relationship	Telephone Number

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TO, TO THE BEST OF MY KNOWLEDGE, CORRECT. SHOULD ANY STATEMENT BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.

DATE: _____

SIGNATURE: _____