



APPLICATION FOR EMPLOYMENT

570 Welland Avenue,
St. Catharines, ON
L2M 5V6

GENERAL INFORMATION

IDENTIFICATION:

First Name: _____

Last Name: _____

Telephone No. _____

ADDRESS:

Street: _____

Apt/Unit #: _____

City: _____

Postal Code: _____

POSITION:

What position are you applying for? _____

Expected Rate of Pay \$ _____

If your application is considered favourable, when can you commence work? _____

Are you legally entitled to work in Canada Yes ___ No ___

Can you understand English Yes ___ No ___

Can you read English Yes ___ No ___

Can you write English Yes ___ No ___

Are you willing to work shiftwork? Yes ___ No ___

Hours of availability for work (place a circle around applicable days to indicate you are available)

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Aft.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Nights	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

RECORD OF EDUCATION

SCHOOL

YEARS

LAST LEVEL ACHIEVED

Secondary: _____

College / University: _____

Other Educational Achievements (specify): _____

RECORD OF EMPLOYMENT

YEAR COMPANY POSITION REASON FOR LEAVING

Supervisors' name and title _____

May we contact this employer? Yes ____ No ____

YEAR COMPANY POSITION REASON FOR LEAVING

Supervisors' name and title _____

May we contact this employer? Yes ____ No ____

YEAR COMPANY POSITION REASON FOR LEAVING

Supervisors' name and title _____

May we contact this employer? Yes ____ No ____

YEAR COMPANY POSITION REASON FOR LEAVING

Supervisors' name and title _____

May we contact this employer? Yes ____ No ____

PERSONAL REFERENCES

NAME	TELEPHONE NO.	RELATION	BEST TIME TO CONTACT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Here is why, in just a few words, I want the above mentioned job.

DATE OF APPLICATION (M/D/Y) _____ SIGNATURE _____