

MultiWood

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, record of offences, handicap, or other protected status.

PERSONAL DATA

LAST NAME		FIRST NAME		EXPECTED SALARY	
PRESENT ADDRESS					
CITY		PROVINCE		POSTAL CODE	
HOME TELEPHONE Area Code ()		BUSINESS TELEPHONE Area Code ()		ARE YOU EMPLOYED NOW?	
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?		HAVE YOU WORKED HERE BEFORE? IF Yes, WHEN?			
IF HIRED, WHEN CAN YOU START WORK?		DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?			
ARE YOU BONDABLE? (Answer only if relevant to position applied for)		HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?			
ARE YOU 18 YEARS OF AGE OR OLDER AND LESS THAN 65 YEARS OF AGE?		DO YOU WANT TO WORK - FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?					

EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
YEAR LAST ATTENDED																				
LEVEL COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED																				
COURSE OF STUDY																				
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION																				
<i>Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.</i>																				

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	PHONE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	PHONE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	PHONE
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?		MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

Applicant Signature _____ **Date** _____

Office Use Only

Date Hired	Department	Employee Number
Starting Wage	Benefit Eligibility	EFT Info