



RENTALS & SALES

DATE: _____

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name: _____ (Last) _____ (First) _____ (Middle Initial)
Present Address: _____ Apt./Suite Number: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: (____) _____-____ Social Insurance Number: _____-____-____
If Under Age 18, Please List Age: _____ Birth Date (MM/DD/YY): ____/____/____
Position Applying For: _____ Salary Desired: _____ (Be Specific)
Days & Hours Available To Work: _____ How Many Hours Can Your Work Weekly? _____
Mon _____ Fri _____ Can Your Work Nights? _____
Tue _____ Sat _____ Employment Desired: ___ Full-Time Only ___ Part-Time Only
Wed _____ Sun _____ What Date Are You Available To Work: _____
Thurs _____ No Preference _____

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, ADDRESS (Complete Mailing Address), YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Business or Trade School, Professional School.

Have You Ever Been Convicted Of A Crime? ___ No ___ Yes
If yes, please explain number of conviction(s), nature of offense(s) leading to the conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

FOR DRIVER & SWAMPER APPLICANTS ONLY

Do You Have A Driver's License? ____Yes ____No

What Is Your Means Of Transportation? _____

Driver's License Number: _____ Province Of Issue: _____

Expiration Date: _____ ____Operator ____Commercial (CDL) ____Chauffeur

Have You Had Any Accidents During The Past Three Years? ____Yes ____No

How Many? _____

Have You Had Any Moving Violations During The Past Three Years? ____Yes ____No

How Many? ____

FOR OFFICE APPLICANTS ONLY

Please Select All That Apply

Personal Computer ____ PC ____ Mac ____

10-Key ____

Please List Other Skills:

Typing ____

WPM ____ _____

Word Processing ____

WPM ____ _____

Please List Two References Other Than Relatives Or Previous Employers:

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: (____) ____-____

Telephone: (____) ____-____

Please Use Space On The Back Of This Page To Summarize Any Additional Information Necessary To Describe Your Full Qualifications For The Specific Position For Which You Are Applying.

WORK EXPERIENCE

Please List Your Work Experience For The **Past Five Years** Beginning With Your Most Recent Job Held. If You Were Self-Employed, Give Firm Name. **Attach Additional Sheets If Necessary.**

Name Of Employer: _____

Pay or Salary:

Start: _____

Name Of Last Supervisor: _____

Final: _____

Address: _____

Employment Dates

City: _____ Province: _____ Postal Code: _____

From: _____

Telephone Number: (_____) _____ - _____

To: _____

Your Last Job Title: _____

List The Jobs You Held, Duties Performed, Skills Used Or Learned, Advancements Or Promotions While You Worked At This Company:

Reason For Leaving: _____

Please Be Specific

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Please Be Specific

May We Contact Your Present Employer? ___ Yes ___ No

Did You Complete This Application Yourself? ___ Yes ___ No

If Not, Who Did? _____