

# APPLICATION FOR EMPLOYMENT



1610 Industrial Ave.  
Port Coquitlam, BC V3C 6N3  
Tel: 604-464-5060 Fax: 604-464-7210

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SIN #: \_\_\_\_\_ CITIZEN  LANDED IMIGRANT  OTHER

Birthdate: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ Expected Salary/Rate: \_\_\_\_\_

FULL TIME  PART TIME  FLEXIBLE  WILLING TO WORK OVERTIME

## EDUCATION

| LEVEL         | NAME OF SCHOOL | COURSE OF STUDY | LAST YR | GRADUATE |
|---------------|----------------|-----------------|---------|----------|
| High School   |                |                 |         |          |
| College/Univ. |                |                 |         |          |
| Trade         |                |                 |         |          |
| Other         |                |                 |         |          |

## EMPLOYMENT HISTORY

### Present or Previous Employer:

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

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

### Past Employer:

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

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

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

### References:

May We Contact Your Present Employer? Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship \_\_\_\_\_

**Are there any other experiences, skills or qualifications that you feel especially suit you for work with us? Do not list any activities denoting age, ancestry, colour, background, creed, marital status, nationality, physical or mental disability, political opinion, race, religion or sex**

**Is there any reason why you would not be able to accept employment from this organization?**

**CERTIFICATION: My signature below certifies that all information on this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally falsifying information could result in refusal of employment or discharge. I also authorize the employers, schools or persons names above to provide information regarding my employment, education, character and qualifications.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_