



2939 DUFFERIN STREET
TORONTO, ONTARIO
M6B 3S7

EMPLOYMENT APPLICATION

Date Available To Start	Expected Wage
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Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Are you a Canadian citizen? YES NO If no, are you authorized to work in Canada? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

OFFICE USE: THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

Date Of Birth:
Social Insurance Number:
Rate Of Pay:
In case Of Emergency Notify Name / Telephone:
Family Doctor / Telephone:
Start Date: