



Application for Employment

Name _____ Date _____
 Last First Middle
 Address _____
 Street City Province Postal Code
 Telephone # () _____ Other Phone # () _____ Email _____
 Social Insurance Number _____ Date of Birth _____
 Month/Day/Year

Position(s) applied for _____ Date available _____

Location(s) applied for **Emerald Links** _____ **Cloverdale Links** _____ **Anderson Links** _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Salary desired _____ What mode of transportation is available to you? _____

Are you legally eligible for employment in this country? Yes No

Languages: English French Other _____

Are you available to work overtime if required? Yes No

Are you available to work weekends if required? Yes No

In case of Emergency, Name of Contact & Tel. # _____

Have you been employed at this company before? Yes No
 If yes, when? _____ and at what location? _____

Our company may perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes No

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, Province	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

I authorize you and your organization to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in Canada.

Applicant's Signature _____ **Date** _____