

APPLICATION FORM

APPLICANT INFORMATION			
First Name	Last Name	Middle Name	
Street Address			Apartment/Unit #
City	Province	Postal Code	
Phone	E-mail		
The earliest date you can start to work:			
Position Applied for:			
Are you legally eligible to work in Canada? Yes No			
Please select type of employment that you are looking for: Full time (>30 h/w) Part time (<30 h/w) Casual			
Do you have a car? Yes No			
Do you have a Manitoba Driver's License Class 5 Stage F (Full)? Yes No			
Do you have a Criminal record check, adult abuse registry check and child abuse registry check?			
Yes No No, but I will apply for them			
Do you have a First AID Certificate? Yes No No, but I will apply for it			

EMPLOYMENT HISTORY			
1. Company		From	To
Address		Phone #	
Supervisor		Responsibilities:	
May we contact? Yes No			
2. Company		From	To
Address		Phone #	
Supervisor		Responsibilities:	
May we contact? Yes No			
3. Company		From	To
Address		Phone #	
Supervisor		Responsibilities:	
May we contact? Yes No			

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AVAILABILITY (Specify the exact hours when you can work)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WEEK 1							
WEEK 2							

REFERENCES	
1. Full Name	Relationship
Company	Phone #
Address	
2. Full Name	Relationship
Company	Phone #
Address	
3. Full Name	Relationship
Company	Phone #
Address	

DISCLAIMER AND SIGNATURE	
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.</p> <p>I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.</p> <p>I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.</p>	
Signature	Date