





Application for Employment

Name	Last	First		Middle	DateProvince						
		Other Phone # _									
Social Insurar	nce Number			Date of Birth_	Month/Day/Ye	ear					
Position(s) ap	plied for			Date	available						
Location(s) ap	oplied for Em	erald Links	Cloverdale I	_inks	Anderson Link	κs					
Type of emplo	oyment desired	☐Full-Time ☐Part-	Γime □Temp	orary	sonal Educatio	nal Co-Op					
Salary desired What mode of transportation is available to you?											
Are you legall	y eligible for em	ployment in this countr	y? ∐Yes [□No							
Languages:	□English □	French									
Are you availa	able to work ove	ertime if required?	′es □No								
Are you availa	able to work we	ekends if required?	∕es □No								
In case of Em	ergency, Name	of Contact & Tel. #									
		this company before?[and at what loo									
	• •	criminal background chrocedure?		ne we are co	nsidering for emplo	oyment.					
	NAL BACKGR three (3) educat	COUND ional institutions attend	ed, beginning	with the most	recent.						
SCHOOL		CITY, Provir	ce	GRADUATED?	DEGREE(s)/DIPLOMA EARNED	u(s)					
				□Yes □No							
				☐Yes ☐No							
				☐Yes ☐No							

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE		MPLOYED		SUMMARIZE THE TYPE OF WOR	
	()	FROM	ТО	PE	RFORMED AND JOB RESPONSIBIL	ITIES
ADDRESS						
IOD TITLE		110	LIDI Y			
JOB TITLE		RATE/	URLY SALARY			
		STA	RTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	per			
REASON FOR LEAVING			URLY SALARY			
			NAL			
MAY WE CONTACT FOR REFERENCE?		\$	per			
□Yes □No □Later						
EMPLOYER	TELEPHONE	DATES E	MPLOYED		SUMMARIZE THE TYPE OF WOR	K
	()	FROM	ТО	PE	RFORMED AND JOB RESPONSIBIL	ITIES
ADDRESS						
JOB TITLE			URLY			
			SALARY RTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	per			
REASON FOR LEAVING			URLY			
			SALARY NAL	-		
MAY WE CONTACT FOR REFERENCE?		\$	per			
□Yes □No □Later						
REFERENCES						
	acquainted, a	nd phone nu	mber of	f three re	eferences. (No relative	es please
List the name, relationship, number of years	acquainted, a	nd phone nu	mber of	f three re	eferences. (No relative	es please
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List the name, relationship, number of years		RELATIONSH	IIP A	YEARS	PHONE NUMBER	es please
List the name, relationship, number of years NAME I certify that all the information I have provided	is true, compl	RELATIONSH	DIP A	YEARS CQUAINTED	PHONE NUMBER () ()	
List the name, relationship, number of years NAME I certify that all the information I have provided I authorize you and your organization to inve	is true, comple stigate all state	RELATIONSH ete and correc	ot.	YEARS CQUAINTED	PHONE NUMBER () () ()	I that any
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