



Box 39 St.Brieux, Sask. S0K 3V0

Ph: 306-275-2300 Fax: 306-275-2331

APPLICATION FOR EMPLOYMENT

Please print clearly and complete **BOTH** sides of this application.
Please be sure to answer **ALL** questions.

Name: _____
Last Name
First
Middle

Address: _____
Street or P.O. Box Number
City
Province/State
Postal/Zip Code

Telephone: (____) _____
Home
Work
Other

Position(s) applied for: (Please indicate your order of preference if you are interested in more than one position)

____ (a) Welding (Already Experienced) ____ (d) Warehouse ____ (g) Accounting/Administration
 ____ (b) Painting ____ (e) Janitorial ____ (h) Marketing/Sales
 ____ (c) Assembly ____ (f) Reception/Secretarial ____ (i) Engineering

What are your salary expectations? (Per hour, month or year) \$ _____ per _____

Indicate your preference of employment:

Full Time Only _____ Part Time Only _____ Part or Full Time _____

If applying for positions (a) to (e):

Are you prepared to work: weekends? Yes___ No___ shift work? Yes___ No___

Have you worked for us before? Yes___ No___ If Yes, when? _____

How did you learn of an opening with our Company?

____ Newspaper ____ Friends or family ____ Internet
 ____ Radio Other _____

What date would you be available for work? _____, 20_____

Are you between the ages of 16 and 65? Yes___ No___

Legally entitled to work in Canada? Yes___ No___

Have you ever been convicted of a crime for which a full pardon has not been received? Yes ___ No ___

If Yes, please explain: _____

Do you have any disabilities that may affect your ability to perform the duties of the job(s) you are applying for? If yes, please explain: _____

Do you have a valid driver's license? Yes___ No___

If no, please explain why _____

NOT REQUIRED IF RESUME ATTACHED

WORK HISTORY						
WORK HISTORY FROM	TO	EMPLOYER NAME, ADDRESS AND PHONE NUMBER	RATE OF PAY START	FINISH	SUPERVISOR'S NAME AND TITLE	REASONS FOR LEAVING
		Phone # () -	TYPE OF WORK PERFORMED			
		Phone # () -	TYPE OF WORK PERFORMED			
		Phone # () -	TYPE OF WORK PERFORMED			
		Phone # () -	TYPE OF WORK PERFORMED			

May we contact any/all of these employers? Yes _____ No _____ If No Explain: _____

WORK REFERENCES		
NAME	OCCUPATION	PHONE

Have you obtained your Grade 12 diploma or equivalent GED? Yes _____ No _____
 If no, up to which grade was completed? Gr. _____

Please list any post secondary education achieved:

EDUCATIONAL BACKGROUND				
TYPE OF SCHOOL	NAME	LOCATION	YRS Attended	SUBJECT OR MAJOR
College/Technical				
University				
Other				

Please list any additional skills or equipment qualifications:

Examples: Computer programs, typing speed, etc. _____

Today's Date: _____, 20____

With my signature I confirm that the above information is true and correct.

I am aware that I may be dismissed for failing to disclose correct information. _____

Signature