



53 Prince Street
 PO Box 401
 Hantsport, NS
 B0P 1P0
 Phone: 902-684-3236

APPLICATION FOR EMPLOYMENT

Personal Information

1. Full Name _____
2. Address _____
3. Home Phone _____ Alternate Phone _____
4. (a) Are you legally entitled to work in Canada? Yes ___ No ___
 (b) Are you over 16 and under 65? Yes ___ No ___
5. Language Spoken: English: Yes ___ No ___ French: Yes ___ No ___
6. Language Read & Written: English Yes ___ No ___ French: Yes ___ No ___
7. Do you have a Valid Driver's License? Yes ___ No ___

Employment Data

8. Type of Employment Desired: Full-time ___ Student ___
9. Position Applying for: _____ 1st choice _____ 2nd choice _____
10. Have you ever worked for us before? Yes ___ No ___ If yes, when? _____
11. If hired, when can you begin work? _____
12. Are you willing to work shift work? Yes ___ No ___
13. Are you willing to work all seven days of the week? Yes ___ No ___

Education and Training

14. Grade 12 Completed? Yes ___ No ___
 If no, indicate highest grade completed _____
 If yes, from what institution? _____

15. Post Secondary Education:

| Institution | Degree/Diploma/ Certificate | Date Completed |
|-------------|--------------------------------|----------------|
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16. Do you currently possess a valid First Aid Certificate? Yes ___ No ___

17. List any other training experiences that may be relevant in considering your application for employment.

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Employment History

18. List all positions you have held beginning with the most recent. Should you require more space, please attach a separate sheet.

| | | | |
|--|--------------|------------------|--|
| Employer: | | Position: | |
| Date Of Employment: | From: | To: | |
| Duties & Responsibilities: | | | |
| Supervisor's Name and Title: | | | |
| Supervisor's Phone Number: | | | |
| Reasons for Leaving: | | | |
| May we contact this employer? Yes _____ No _____ | | | |

| | | | |
|--|--------------|------------------|--|
| Employer: | | Position: | |
| Date Of Employment: | From: | To: | |
| Duties & Responsibilities: | | | |
| Supervisor's Name and Title: | | | |
| Supervisor's Phone Number: | | | |
| Reasons for Leaving: | | | |
| May we contact this employer? Yes _____ No _____ | | | |

| | | | |
|--|--------------|------------------|--|
| Employer: | | Position: | |
| Date Of Employment: | From: | To: | |
| Duties & Responsibilities: | | | |
| Supervisor's Name and Title: | | | |
| Supervisor's Phone Number: | | | |
| Reasons for Leaving: | | | |
| May we contact this employer? Yes _____ No _____ | | | |

19. Do you have any physical disabilities that you wish us to take into consideration for placement?

20. Please outline any activities or hobbies in which you are involved.

21. Please give any additional information, which you feel would be of assistance to us in considering your application for employment.

22. List 3 references (Do not use personal references)

| Name | Address | Phone Number |
|------|---------|--------------|
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23. Please check the box if you do not want us to share your information with other organizations (ie other employers).

24. Have you answered all questions from one (1) to twenty-three (23)? _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I agree to submit to a physical examination. I also authorize the companies, schools or persons named to give any information they may have regarding me whether or not it is in their records. I hereby release said companies or persons from all liability for any damage for issuing this information.

Date: _____ **Signature:** _____