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| --- | --- |
| POSTION APPLIED FOR | WAGE EXPECTED |
| FULL TIME [ ]  PART TIME [ ]  | DATE AVAILABLE |
| DATE OF APPLICATION |
| **APPLICATION FOR EMPLOYMENT (PLEASE PRINT OR TYPE)** |
| SURNAME | FIRST | MIDDLE | PHONE | CELL PHONE |
| ADDRESS: STREET | CITY | PROV. | POSTAL CODE |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?[ ]  YES [ ]  NO | EMAIL ADDRESS |
| **EDUCATION** |
|  | SCHOOL NAME / ADDRESS | FROM | TO | MAJOR | DIPLOMA / DEGREE |
| SECONDARY SCHOOL |  |  |  |  |  YES [ ]  NO [ ] TITLE |
| BUSINESS, TRADE OR TECHNICAL SCHOOL |  |  |  |  |  YES [ ]  NO [ ] TITLE |
| COMMUNITY COLLEGE |  |  |  |  |  YES [ ]  NO [ ] TITLE |
| UNIVERSITY |  |  |  |  |  YES [ ]  NO [ ] TITLE |
| ADDITIONAL COURSES, SEMINARS, WORKSHOPS |
| DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR. | LANGUAGESSPOKEN WRITTENENGLISH [ ]  [ ] FRENCH [ ]  [ ] OTHER [ ]  [ ]  |
| HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE:[ ]  YES [ ]  NO IF YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FROM TO | WHAT SOURCE REFERRED YOU TO THIS COMPANY? |
| WHAT WAS YOUR POSITION (WHEN YOU LEFT) | WILL YOU DO SHIFT WORK?[ ]  YES [ ]  NO |
| ARE YOU ACQUAINTED WITH ANY OF OUR CURRENT EMPLOYEES? [ ]  YES [ ]  NOIF YES, WHOM? |



Deasil Custom Sewing Inc.

195 Mountain Street

Morden Manitoba

R6M 1R8

(CONTINUED ON REVERSE SIDE)

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| **EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)** |
| COMPANY NAME | EMPLOYED FROM: TO: | PRESENT / LAST JOB TITLE |
| ADDRESS | SALARY | DUTIES / RESPONSIBILITIES |
| TYPE OF BUSINESS |
| REASON FOR LEAVING |
| SUPERVISOR |
| COMPANY NAME | EMPLOYED FROM: TO: | PRESENT / LAST JOB TITLE |
| ADDRESS | SALARY | DUTIES / RESPONSIBILITIES |
| TYPE OF BUSINESS |
| REASON FOR LEAVING |
| SUPERVISOR |
| COMPANY NAME | EMPLOYED FROM: TO: | PRESENT / LAST JOB TITLE |
| ADDRESS | SALARY | DUTIES / RESPONSIBILITIES |
| TYPE OF BUSINESS |
| REASON FOR LEAVING |
| SUPERVISOR |

MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?

 [ ]  YES [ ]  NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE?

 [ ]  YES [ ]  NO

|  |
| --- |
| I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. IF HIRED I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, INCLUDING AN INITIAL PROBATIONARY PERIOD. |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| FOR OFFICE USE ONLY |
| INTERVIEWER’S COMMENTS: |
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|  |
|  |
| TO BE FILLED IN AFTER HIRE | SIN | DOB |