|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | | LANGUAGES  SPOKEN WRITTEN  ENGLISH  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  NO  IF 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 |