



Employment Application Form

Position Applied For: _____
Job Title

PERSONAL INFORMATION:

Last Name Initial First Name

Street Address

City, Province, Postal Code Telephone (____)

Are you legally entitled to work in Canada? Y or N

Have you been convicted or pleaded no contest to a felony within the last five years? Y or N

If yes, please explain:

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed:

EDUCATION:

Have you completed your high school diploma (Grade 12)? Y or N

If no, indicate highest level of school you have completed: Grade ____

FORMAL POST SECONDARY EDUCATION

Education Inst	Program	Degree/Diploma	Completed	Year
			<input type="checkbox"/> Y or <input type="checkbox"/> N	
			<input type="checkbox"/> Y or <input type="checkbox"/> N	
			<input type="checkbox"/> Y or <input type="checkbox"/> N	

Additional Skills and Qualifications: Licenses, Skills, Training, Awards, Tools, Equipment

Computer Software/Application Skills

DRIVER'S LICENSE

If the position you are applying for requires a valid driver's license to operate a vehicle, please complete the following section and attach a current copy of your driver's abstract to this application form.

Do you possess a valid driver's license? Y or N

If yes, Operator's License No: _____ Province: _____

Has your driver's license ever been suspended or revoked? Y or N

EMPLOYMENT HISTORY:

Employer:	Position Held:
Date of Employment From ___/___/___ To ___/___/___ (year, month)	Reason for Leaving
Name of Supervisor	Duties
Employer:	Position Held:
Date of Employment From ___/___/___ To ___/___/___ (year, month)	Reason for Leaving
Name of Supervisor	Duties
Employer:	Position Held:
Date of Employment From ___/___/___ To ___/___/___ (year, month)	Reason for Leaving
Name of Supervisor	Duties

ADDITIONAL COMMENTS: Use this space for any additional information you wish to provide.

REFERENCES

Name:	Phone No.:
Occupation:	Company:
City:	Years Known:
Name:	Phone No.:
Occupation:	Company:
City:	Years Known:
Name:	Phone No.:
Occupation:	Company:
City:	Years Known:

This information is being collected and used to determine whether the applicant is suitable and qualified for appointment to the above position with Hi-Tech Seals Inc. This application may be used to fill future vacancies.

I authorize Hi-Tech Seals Inc. to make inquiries concerning my background, character and fitness for employment with Hi-Tech Seals Inc. I also authorize disclosure of information about myself to Hi-Tech Seals Inc. by the above persons, provided that such information will be used by Hi-Tech Seals Inc. only for the purposes of this application and will be treated in strict confidence. I declare that all information provided in this application is true and I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

Signature

Date