

APPLICATION FOR EMPLOYMENT

DATE	POSITION DESIRED		
NAME			
ADDRESS:			Office
PREVIOUS ADDRESS IN CANADA:		*	1
EDUCATION: LAST GRADE COMPLETED			
LIST OTHER TRAINING OR COURSES:	1.		
	2.		
•	3.		
SOCIAL INSURANCE NO.			
DO YOU HOLD A VALID DRIVER'S LICENCE?	LICE	ENCE NO.	
NUMBER OF TRAFFIC VIOLATIONS DURING THE LAST	TWO YEARS.		
HAVE YOU EVER BEEN BONDED HAVE DO YOU SMOKE	esent or most recent emplo	oyer)	SERVICE
TELEPHONE NO.			
STARTING DATE			
DATE LEFT COMPANY			
REASON FOR LEAVING			V - 1
MAY WE CONTACT EMPLOYER?			
2. COMPANY NAME	· · · · · · · · · · · · · · · · · · ·		
ADDRESS			
TELEPHONE NO.	SUPERVISOR		
STARTING DATE	STARTING SALA	RY	
DATE LEFT COMPANY	FINAL SALARY _		
REASON FOR LEAVING			-
MAY WE CONTACT EMPLOYER?			F

3.	COMPANY NAME				
	ADDRESS				
	TELEPHONE NO.	A A A A A A A A A A A A A A A A A A A	SUPERVISOR		
	STARTING DATE		STARTING SALARY		
	DATE LEFT COMPANY		FINAL SALARY		
	REASON FOR LEAVING				
	MAY WE CONTACT EMPLOYER?				
		THE GREATEST SATISFACTION	N? PLEASE STATE WHY.		
TH	E NATURE OF OUR WORK	SOMETIMES REQUIRES EMPLO	DYEES TO WORK EVENING OR WEEKEND SHIFTS. ARE		
DO FO	YOU HAVE ANY PHYSICAL PRM THE POSITION APPLIE	DISABILITIES OR HEALTH PRO D FOR? NOTE: FOR POWER	OBLEMS WHICH COULD AFFECT YOUR ABILITY TO PER- VAC OPERATORS AND ASBESTOS REMOVERS, THESE OF MECHANICAL EQUIPMENT.		
nee	ed not list any activity which de tionality, national or social ori igion, sex or sexual orientatio	enotes: age ancestry, colour or et gin/condition, physical or menta n).	you wish considered when we review your application? (You hnic background, creed, marital or civil status, family status, I disability/handicap, place of origin, political opinion, race,		
I he	ereby authorize Power Vac to are, if hired I will be on a six m	enquire, regarding the above info	ormation, and to contact any persons mentioned. I am fully ne I will be assessed for further employment. Also, if hired, I		
l ce	I adhere to the employment o ertify that the facts set forth in tements on this application s	my application for employment	are true and complete. I understand that if employed, false use for dismissal without notice.		
			Signature		
		OTHER DATA COMPLET			
DA ⁻	TE OF BIRTH	MARITIAL STATUS _	SEX		
PAF	RTY TO CONTACT IN CASE OF	EMERGENCY: NAME			
ADI	DRESS		TELEPHONE NO. Home:		
	*		Office:		
DEF	PENDANTS: NAME	DATE OF BIRTH	RELATIONSHIP TO YOU		

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