

sturgeon falls brush group

125 Lisgar St. · Sturgeon Falls, ON · P2B 3H4 · Telephone: (705) 753-3883 · Fax: (705) 753-4447

Application for Employment

Name: _____
(Last) (First) (Middle)

Address: _____ Phone Number: _____ E-Mail: _____

Position Applying For: _____

When would you be available to begin work? _____

How were you referred to our company?

Newspaper Website Employee Name of referring employee: _____

How far are you willing to travel each day? _____ KM Are you willing to relocate out of Province? _____

Have you ever applied for a position here before? _____ If so when? _____

Are you legally entitled to work in Canada? _____

Are you presently employed? _____ May we contact your employer? _____

Do you have any physical or mental impairment that might affect your performance in the position for which you are applying?

Is transportation available to you so you can get to work on time every day? _____

Do you have a valid driver's license? _____ Which Type? _____ Do you have a clean driver's record? _____

Work history: List the last 3 jobs you have held, starting with the latest.

1. Job: _____ Supervisor: _____

Company: _____ Dates employed: From: _____ to: _____

2. Job: _____ Supervisor: _____

Company: _____ Dates employed: From: _____ to: _____

3. Job: _____ Supervisor: _____

Company: _____ Dates employed: From: _____ to: _____

Describe any special skills or training you have received:

List your Education and any Certificates, Diplomas or Trade Licenses:

References:

Note: Making false Statements on this application is grounds for dismissal.
You may be required to pass a pre-employment physical.

Signature: _____ Date: _____