



Job form application

Date: _____

(Please print clearly)

PERSONAL INFORMATION

NAME: _____ **FIRST NAME:** _____
ADDRESS: _____ **CITY:** _____
 PHONE _____ Emergency contact person: _____
 Relationship: _____ Phone: _____
 Driving license: Yes No For how many years: _____

SCHOOL EDUCATION

High School	1	2	3	4	5	Object studied:
College	1	2	3			Object studied:
University	Certificate	Baccalaureate	Master			Object studied:

Other(s) courses or speciality: _____
 Name of the last school attended: _____
 Spoken language: French English Others: _____ Written Language : French English Others: _____

EMPLOYMENT DESIRED: _____

Salary desired _____ Date you can start : _____
 Full time Part time Would you accept to work on weekend yes no

FORMER EMPLOYERS (list below last five employers)

Employer	Phone No	Period	Summary of tasks and responsibilities

DECLARATION BY THE APPLICANT AND PERMISSION OF REFERENCES

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand I may be required to successfully pass a medical screening examination. I hereby consent to a pre- and/or post-employment medical screen as a condition of employment, if required.

Applicant's signature _____

Hereby, I authorize _____ to gather reference from previous and current employers. I release such persons and organizations from any legal liability in making such statements.

Applicant's signature _____ Date _____