



## Employment Application

APPLICANT INFORMATION			
Last Name:	First Name:		
Street Address:			Apartment/Unit #:
City:	Province:	Postal Code:	
Phone:	E-mail Address:		
Date Available:	Desired Salary:		
Position Applied for:			
Are you legally entitled to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you previously been employed by Cassidy Manufacturing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from: _____ to: _____
Have you ever been convicted of any offense for which you have not received a pardon?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: _____
Please select which shifts you are able to work:			
7:00 to 15:30 Monday to Friday.	<input type="checkbox"/>		
15:00 to 23:30 Sunday to Thursday plus night premium.	<input type="checkbox"/>		
23:00 to 7:30 Sunday to Thursday plus overnight premium.	<input type="checkbox"/>		
Do you have a preference for any particular shift?			

EDUCATION AND TRAINING	
<b>High School</b> – Name of institution:	Highest grade or level completed:
Relevant courses:	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>College, Trade or Technical School</b> – Name of institution:	Length of program:
Relevant courses:	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>University</b> – Name of institution:	Length of program:
Relevant courses:	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>
Other courses, workshops or seminars:	

Continue on Page 2



## Employment Application

EMPLOYMENT HISTORY		
<b>Previous or Last Employer:</b>		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving?
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Previous Employer:</b>		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving?
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination.	
I understand and agree that continued employment is contingent upon my successful completion of the probationary period.	
Signature	Date