

# City Window & Glass Application for Employment

Please print and make sure all areas are filled out before submitting.

Today's Date:		Social Insurance Number: If Landed Immigrant, please provide documents	
Date of Birth:			
Print Last Name:	Print First Name:	Print Middle:	Date:
Signature:		Date:	
Address:	Apt. #:	City:	Prov.: Postal Code:
Position Applied For:	Date Available:	Home Phone #:	
	Female ( ) Male ( )	Other Phone #:	
Do you have any health concerns that could affect your ability to perform physical work? (i.e. back problems) Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please explain:			
Do you have ongoing work related injuries? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please explain			
Are you bondable? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, please explain:			
Are you eligible to work in Canada? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Wage Expectations: \$	Student: Yes <input type="checkbox"/> or No <input type="checkbox"/>	

Failing to disclose full information as requested and/or fraudulent information will cause immediate dismissal.

## EDUCATION RECORD

PRINT Program	Length of Course	Major Subject	Diploma?
Secondary School			
Business Trade or Technical			
Community College			
University			
Additional courses, seminars or workshops:			
Describe any of your work related skills, experience or training that is related to the position you are applying for:			

## EMPLOYMENT RECORD (Most recent employer first)

PRINT	From – To	Salary/Wage	Job Title/Duties
Company:			
Address:			
Reason for Leaving:			
PRINT	From – To	Salary/Wage	Job Title/Duties
Company:			
Address:			

Reason for Leaving:			
PRINT	From – To	Salary/Wage	Job Title/Duties
Company:			
Address:			
Reason for Leaving:			

Have you ever been employed by this company before? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, approximate date:			
Have you ever committed a crime for which no pardon has been granted? If yes, please explain. (Answering yes does not necessarily affect your eligibility to work for this company): Yes <input type="checkbox"/> or No <input type="checkbox"/>			
Safety Boots: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transportation: Transit Car	Are you willing to relocate? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Desired Shifts: Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/>	Full Time	Part Time	
If you have experience in any of the following areas, please check mark:			
Light Factory/Packaging or Assembly	Tradesmen Helper	Warehouse	Factory/Production Line
Loading and Unloading	Machine Operator	Welding (Type)	Forklift Operator (Type)
Supervisor	Construction (Type)	Shipping/Receiving	Electrician
Furniture Mover	Clerical	Administration	Computers
Order Picker	Driver (Type)	Other: _____	

# Authority to Release

Ms.  
Mrs.  
Mr.

\_\_\_\_\_ (Applicant)

We appreciate your interest in \_\_\_\_\_ (Company Name)

As a part of our normal procedure for processing applications, an inquiry into your qualifications and suitability for the position may be conducted during the next few days. The inquiry typically concerns information on an applicant's character, general reputation, qualifications, reference checks, and verification of information on your employment application.

Would you please read the following statement and indicate your agreement by signing below;

I \_\_\_\_\_ authorize all persons, agencies, business organizations, schools, companies, police forces, corporations, credit bureaus and agency or clerk of court of municipal or provincial government; to supply you company and/or its agent (Corporate Inquiry Systems) any information concerning me. I release and hold harmless your company and its agent Corporate Inquiry Systems and their directors, officers, agents, servants, and employees from and against all claims, demands, liabilities, responsibilities, and damages of any kind, in law or in equity, related to or occasioned by, and any activities of whatsoever nature incidental there to relating to this inquiry information. I understand that this information will be treated in a confidential manner by your company and its agent Corporate Inquiry Systems.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

The information requested below is solely for the purpose of positive identification. This is not an offer of employment. You are not obligated to provide the following:

\_\_\_\_\_ (S.I.N.)

\_\_\_\_\_ (Date of Birth)