

APPLICATION FOR EMPLOYMENT

DATE: _____ HOME NUMBER: _____ CELL NUMBER: _____

NAME: _____

LAST,

FIRST

MIDDLE INITIAL

ADDRESS: _____

STREET

CITY

PROVINCE

POSTAL CODE

POSITION APPLIED FOR: _____ DESIRED SALARY: _____

DATE AVAILABLE FOR EMPLOYMENT: _____

ARE YOU EMPLOYED NOW: _____ FOR WHOM: _____

YES/NO

IF REQUESTED, COULD YOU PROVIDE MUHC WITH A CURRENT DRIVER'S ABSTRACT? _____

YES/NO

EDUCATIONAL BACKGROUND

SCHOOL	NAME	CITY/TOWN	FROM (DD/MMM/YYYY)	TO (DD/MMM/YYYY)	COMPLETED (YES/NO)
HIGH SCHOOL					
COLLEGE					
POST GRAD					
MILITARY					
BUSINESS/TRADE					
OTHER					

RELATED ACTIVITIES, EXPERIENCES, SKILLS OR QUALIFICATIONS YOU POSSESS?

HAVE YOU ANY PHYSICAL LIMITATIONS WHICH MIGHT INTERFERE WITH OR LIMIT YOUR PERFORMANCE IN THE JOB YOU ARE APPLYING FOR (IF YES, EXPLAIN): _____

WORK HISTORY: (LIST IN ORDER OF LATEST OR PRESENT EMPLOYER FIRST)

PRESENT EMPLOYER:			
EMPLOYER ADDRESS:			
SUPERVISOR'S NAME/TITLE:		PHONE:	
COMMENCEMENT DATE:		END DATE:	
RATE OF PAY:	START:	FINISH:	
REASON FOR LEAVING:			
EMPLOYMENT DUTIES:			
PRESENT EMPLOYER:			
EMPLOYER ADDRESS:			
SUPERVISOR'S NAME/TITLE:		PHONE:	
COMMENCEMENT DATE:		END DATE:	
RATE OF PAY:	START:	FINISH:	
REASON FOR LEAVING:			
EMPLOYMENT DUTIES:			
PRESENT EMPLOYER:			
EMPLOYER ADDRESS:			
SUPERVISOR'S NAME/TITLE:		PHONE:	
COMMENCEMENT DATE:		END DATE:	
RATE OF PAY:	START:	FINISH:	
REASON FOR LEAVING:			
EMPLOYMENT DUTIES:			

PERSONAL REFERENCES

NAME & OCCUPATION ADDRESS PHONE

APPLICANT – COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

ARE YOU 18 YEARS OF AGE OR OVER? YES: _____ NO: _____

IF NO, EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE.

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME: _____ PHONE NUMBER: _____

ADDRESS _____

FOR OFFICE USE ONLY:		
INTERVIEW: YES NO DATE:	INTERVIEWED BY:	
Result of interview:		
Acceptable for Employment:	Starting Date:	Rate:
Employed by:	Date:	
Approved by:	Date:	