

Applicant Information

Name _____ 19+ Years Old
Home Address _____
Home Phone _____ Cell Phone _____
Email #1 _____ Email #2 _____

Note to all Applicants

This application form is intended for use in evaluating applicant suitability for employment only. This is not intended to form or create an employment contract. All qualified applicants will be given equal opportunity for employment. We do not discriminate against any applicant based on any ground that is designated as a human right in the province of British Columbia including race, sex, age, creed, national origin, disability, sexual orientation or family status, and such information may be omitted from this form. Equal opportunity action in hiring individuals from protected classes may be required. Prospective employees are invited to avail themselves of the equal opportunity benefits and/or requested accommodation in the hiring process as needed. Any misstatement or omission may be cause for refusal to hire or for subsequent termination.

Position information and availability

Position applying for _____
Available start date _____
Preferred shifts? _____

Work Experience

Please provide an accurate and complete record of your previous employment. Begin with your most recent employer.

Most recent employer

Phone _____ Address _____
Position _____ Supervisor _____
Salary/Wage _____ Start date _____ End Date _____
Reason for leaving _____

Most recent employer

Phone _____ Address _____
Position _____ Supervisor _____
Salary/Wage _____ Start date _____ End Date _____
Reason for leaving _____

Education & Training

Highest Grade Level, College, University Level Completed _____

Field of Study (If Applicable) _____
City _____
Expected Completion Date? (If still enrolled) _____

Other Information

Please describe any special job-related skills and qualifications acquired from employment, other education or voluntary experiences, etc. Do not include experiences that indicate race, religion, sexual orientation or gender, national origin, family status, status with regard to public assistance, disability or age. Add any pages needed.

Signed: _____ Date: _____