





**1510610 Ontario Inc.**

1811 & 1891 Seymour Street  North Bay, Ontario  P1A 0C7

Tel: (705) 474-0350  Fax: (705) 474-5433

E-mail: info@centralwelding.ca

### APPLICATION FOR EMPLOYMENT

#### Personal Data:

Surname: Given Names:

Address: Telephone No.

Driver’s License No.

Driver’s License Type:

**Type of Work Preferred** 1. 2. 3.

**Salary/Wage Expected**

If hired, on what date will you be available to start work?

If hired, do you have reliable means of transportation to get to work? Yes No

Have you worked for us before? Yes No If yes, when?

Are you willing and able to work out of Town? Yes No

Are you willing and able to work shift work? Yes No

Are you willing and able to work overtime? Yes No

Do you suffer from any current or past illness(es) which affect your performance at work? Yes or No

If yes, please explain:

Do you have any lifting restrictions? Yes No

**Education:** Secondary: Grade Completed:

Name of Institution

College/University: Courses Completed:

Name of Institution

Special Courses taken:

W.H.M.I.S. Yes No

**Certificates or Tickets held**:

**Machinery capable of operating**:

### EMPLOYMENT HISTORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYER’S NAME AND ADDRESS** | **POSITION** | **DATED EMPLOYED**  **FROM/TO** | | **SALARY/WAGE** | **REASON FOR LEAVING** |
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May we contact the employers listed above? If not, indicate below which one (s) you do not wish us to contact:

**PERSONAL REFERENCES (Excluding Relatives)**

|  |  |  |
| --- | --- | --- |
| NAME | **OCCUPATION** | **ADDRESS** |
|  |  |  |
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Occasionally the form of an application blank makes it difficult for an individual to adequately summarise their complete background. To assist us in finding the proper position for you in our company, please use a separate piece of paper to summarise any additional information necessary to describe your full qualifications.

I understand that employment is subject to:

* Satisfactory reference reports
* Accuracy of all pre-employment information supplied
* Passing a physical examination (if requested)

Date: Signature of Applicant:

|  |
| --- |
| **For Personnel Department Use Only.** |
| Interview Yes No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Result of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Acceptable for Employment? \_\_\_\_\_\_\_\_ Starting Rate \_\_\_\_\_\_\_\_\_\_ Starting Date \_\_\_\_\_\_\_\_\_ Shift \_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |