



Application for Employment

HR-FR-09-011

Issued: February 14, 2017

Supersedes: New

Approved By: S. Russell

Please print or type and complete this application in full

Date:

mm/dd/yyyy

SECTION #1 - PERSONAL INFORMATION

Name:

First

Middle

Last

If any of your employment or education was under a different name, please provide the name:

Name:

First

Middle

Last

Address:

City:

Province:

Postal Code:

Main Phone:

Secondary Phone:

Email:

Are you legally entitled to work in Canada?

No

Yes

Are you 17 years of age or older?

No

Yes

Have you ever been employed by HCC or an affiliate?

No

Yes

If 'yes', please identify when, where and your supervisor's name.

When:

Where:

Supervisor's Name:

SECTION #2 - EMPLOYMENT DESIRED

Position Desired:

Salary Expectation:

Date available for employment:

Are you able to work overtime?:

No

Yes

Are you able to work shifts?:

No

Yes

How did you learn about this opening?:

Newspaper

Referral

Website

Job Board

Other

Please specify:

SECTION #3 - EDUCATION

Complete the information below based on the highest level of education completed

Name and Location (Include street address)	Did you graduate?	Grade Average	Diploma, Degree or Certificate Earned
Name of School or Institution: Address: City, Province, Postal Code:	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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SECTION #4 - EMPLOYMENT HISTORY

Starting with your current or most current employer, list your three (3) previous employers. Include self-employment, summer and part-time jobs. This must be completed in full for each employer; writing 'see resume' is not acceptable.

Company Name: _____
Type of Business: _____ Job Title: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone #: _____
Start Date: _____ End Date: _____
Name and title of last immediate Supervisor: _____
Reason for Leaving: _____

Company Name: _____
Type of Business: _____ Job Title: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone #: _____
Start Date: _____ End Date: _____
Name and title of last immediate Supervisor: _____
Reason for Leaving: _____

Company Name: _____
Type of Business: _____ Job Title: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone #: _____
Start Date: _____ End Date: _____
Name and title of last immediate Supervisor: _____
Reason for Leaving: _____

Explain any gaps in your employment history described above:

SECTION #5 - ADDITIONAL INFORMATION

Do you have forklift or other material handling equipment experience? [] No [] Yes
If 'yes', what types of forklifts can you operate? _____

Do you have a certification to operate a forklift? [] No [] Yes
If 'yes', when were you last certified? _____
What other types of material handling equipment are you certified to operate? _____

Signature: _____ Date: _____