

RECORD OF EMPLOYMENT (CONTINUED)

<p>PREVIOUS EMPLOYER</p> <p>.....</p> <p>FROM : TO: </p> <p style="text-align: center;">YY MM YY MM</p>	<p>POSITION HELD (TITLE AND BRIEF DESCRIPTION)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>REASON FOR LEAVING</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>CAN WE CHECK REFERENCES WITH YOUR PREVIOUS EMPLOYER?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>IMMEDIATE SUPERVISOR REFERENCE:</p> <p>.....</p>
<p>TELEPHONE NUMBER ())</p>	<p>TELEPHONE NUMBER ())</p>

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SAFETY AND HEALTH

<p>MOST SHOP POSTIONS REQUIRE THE ABILITY TO LIFT UP TO 70 LBS. OF MATERIALS ON A REPEAT BASIS. ARE YOU PHYSICALLY CAPABLE OF PERFORMING THESE TASKS?</p>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<p>DO YOU HAVE ANY LIMITATIONS THAT MAY PREVENT YOU FROM PERFORMING THE DUTIES OF THE JOB? IF YES, PLEASE DESCRIBE:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

RELIABILITY

YOU MAY BE ASKED TO DRIVE A MOTOR VEHICLE IN THE EXECUTION OF YOUR JOB DUTIES. DO YOU POSSESS A VALID DRIVERS LICENSE? IF YES, CLASSIFICATION:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DO YOU HAVE ACCESS TO A VEHICLE TO TRANSPORT YOURSELF TO WORK?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HERD IS NOT LOCATED ON A BUS ROUTE. IF YOU DO NOT HAVE A MEANS TO TRANSPORT YOURSELF TO WORK, WHAT ALTERNATIVE ARRANGEMENTS WILL YOU MAKE TO ENSURE YOU ARE ABLE TO ATTEND WORK? DESCRIBE:				

IS THERE ANY OTHER INFORMATION YOU WISH TO ADD WHICH MAY HELP US IN DETERMINING YOUR SUITABILITY FOR THIS POSITION?
LIST ANY PROFESSIONAL, TECHNICAL OR COMMERCIAL AFFILIATIONS:

ADDITIONAL SPACE (ATTACH RESUME OR ADDITIONAL REFERENCES)

CERTIFICATION:

1. I hereby authorise you to request or release any information pertaining to me, with the exception of the conditions stated above (if applicable) regarding my current employer, and to make any inquiries deemed necessary regarding my previous history.
2. I understand that the offer of employment is conditional upon my successful completion of a pre-employment company medical examination, upon receipt of satisfactory references from my previous employers, and upon confirmation of my position following the normal probation period.
3. If I receive an employment offer from the company, I will provide proper certification of my date of birth, my social insurance number, my right to work in Canada, and my scholastic records.
4. I certify that the information provided in this application is true. I understand that any false statements or omission of information will be considered sufficient grounds for the retraction of an offer of employment, or for immediate dismissal without notice or compensation if I am already working for the company.

DATE

YY	MM	DD

_____ CANDIDATE SIGNATURE