

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Last Name	First Name	Middle Name(s)
Present Address		
City	Province	Postal Code
Home Telephone	Business Telephone	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for Accurassay Laboratories before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?
If hired, when can you start work?		Do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older and less than 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you want to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
What types of work are you interested in doing?		

EDUCATION

Year last attended	Secondary School					College or University					Graduate or professional				
	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Level completed															
Certificates, diplomas, degrees, designations obtained															
Course of Study															
List any specialized training, apprentice skills, awards, professional designations and other education															

Note: Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.

OTHER INFORMATION

Please provide below any other relevant information regarding your application.

PLEASE READ CAREFULLY

The foregoing statements and those of the attached Work History form are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules, regulations and policies of the Company, including serving an initial probationary period.

Applicant Signature _____ Date _____

WORK HISTORY (List in order starting with your present or last job)

1

Present or last employer	Address	
Type of business		
Your job title	Period employed	
Final wage or salary	From (mm/yy)	/
	To (mm/yy)	/
Name and title of immediate supervisor	Reason for leaving	
May we contact this person for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe job duties and responsibilities		

2

Present or last employer	Address	
Type of business		
Your job title	Period employed	
Final wage or salary	From (mm/yy)	/
	To (mm/yy)	/
Name and title of immediate supervisor	Reason for leaving	
May we contact this person for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe job duties and responsibilities		

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Present or last employer	Address	
Type of business		
Your job title	Period employed	
Final wage or salary	From (mm/yy)	/
	To (mm/yy)	/
Name and title of immediate supervisor	Reason for leaving	
May we contact this person for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe job duties and responsibilities		