



# JOB APPLICATION FORM

## 1- PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Number: \_\_\_\_\_

Canadian Citizen:    **Yes**    **No**                      If not, do you have the right to work in Canada?                      **Yes**    **No**

Social Insurance No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a valid driving license?                      **Yes**    **No**                                      Do you have a car?                      **Yes**    **No**

## 2- JOB POSITION AND AVAILABILITY

Which position are you applying for: \_\_\_\_\_

Work start date: \_\_\_\_\_

Are you looking for:                      **Full time**                      **Part Time**                      **Student**

Are you trained to operate a forklift?                      **Yes**                      **No**

Have you received first-aid training?                      **Yes**                      **No**

## 3- WORK EXPERIENCE

*(Name and address of employers, starting from the most recent)*

### Employer #1

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Tasks: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_



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## Employer #2

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Tasks: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

## Employer #3

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Main Tasks: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ to \_\_\_\_\_

## 4- GENERAL INFORMATION

Do you have any specific problems, mobility limitations or health issues that could prevent you from accomplishing the work for which you are offering your services? Ex: allergies (respiratory or skin conditions) to specific products that prevent you from fulfilling certain tasks, physical limitations, etc. **Yes** **No**

If YES, please explain: \_\_\_\_\_

Do you have a criminal record? **Yes** **No**

If YES, please explain: \_\_\_\_\_

Have you been the victim of a work accident (CSST)? **Yes** **No**

If YES include: Date: \_\_\_\_\_ Length of absence: \_\_\_\_\_

Location of injury: \_\_\_\_\_

Can you work in the following conditions:

- High temperatures: **Yes** **No**
- Low temperatures: **Yes** **No**
- Standing for long periods: **Yes** **No**
- Sitting for long periods: **Yes** **No**



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## 5- DECLARATION OF APPLICANT

I certify that my statements, in answer to the questions asked above, are true, complete and correct. I accept that any false statement or omission on my part may result in the rejection of my application or my dismissal without warning.

In addition, I agree to undergo a pre-hiring medical examination including a drug and alcohol screening test and to periodic medical exams during the employment period conducted by a doctor chosen by the employer .

I consent, on the same conditions, to the transfer of my previous medical records. This consent is valid only for the period of my hiring and for the length of my employment; in the case that my employment is terminated, the conditions of my consent are only valid only for the length of any disputes that arise.

It is agreed upon that prior to my hiring, I will undergo a trial period according to the policies of the employer, during which time I can be dismissed without notice or recourse.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize SH to obtain references from my former and current employers and to consult my CSST file. Additionally, I authorize that credit and/or police checks of any necessary type may be performed at any time in relation to my employment. I release the individuals and companies who furnish these references from any liability or responsibility.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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