

2. COMPANY		TELEPHONE #:
NAME:		
STREET ADDRESS	CITY	PROVINCE
		POSTAL CODE
TYPE OF BUSINESS:	NATURE OF DUTIES FROM START TO LEAVING	
POSITION:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
STARTING SALARY \$	FINAL SALARY \$	
EMPLOYED FROM: _____ , _____	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
MONTH YEAR		
TO: _____ , _____		
MONTH YEAR		Name:
NO. OF PEOPLE SUPERVISED:		Title:

3. COMPANY		TELEPHONE #:
NAME:		
STREET ADDRESS	CITY	PROVINCE
		POSTAL CODE
TYPE OF BUSINESS:	NATURE OF DUTIES FROM START TO LEAVING	
POSITION:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
START SALARY \$	FINAL SALARY \$	
EMPLOYED FROM: _____ , _____	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
MONTH YEAR		
TO: _____ , _____		
MONTH YEAR		Name:
NO. OF PEOPLE SUPERVISED:		Title:

OTHER TIME	Account for your time during any interval of unemployment other than when you were attending school. (You may decline to list any illnesses or leaves of absences relating to disability).
Date (Month And Year)	Explanation
From _____ , _____ To _____ , _____	
MONTH YEAR MONTH YEAR	
From _____ , _____ To _____ , _____	
MONTH YEAR MONTH YEAR	

REFERENCES	Give three personal references who have known you well during the last five or more years excluding relatives & former employers. (You may decline to list ministers of religion).					
Name Include First Name Or Initials	No. And Street	Address City Or Town	Province	Telephone	Years Known	Present Or Most Recent Occupation

ADDITIONAL INFORMATION	Co-op background, interests, extracurricular activities, special skills such as equipment operated, languages spoken/written, computer skills, academic honors, scholarships, etc. (You may decline to list organizations that would depict your race, religion, ancestry or disabilities).

I HEREBY CONSENT TO THE COLLECTION OF THE INFORMATION IN THIS APPLICATION AND TO ITS USE FOR THE STATED PURPOSES.

I ALSO CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, CRIMINAL RECORD AND CREDIT. IN SIGNING THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT _____ DATE _____