



# EMPLOYMENT APPLICATION

PLEASE ATTACH A COPY OF YOUR RESUME WITH TWO EMPLOYMENT REFERENCES

EMPLOYMENT OBJECTIVES					
APPLICATION DATE (YY/MM/DD)		AVAILABILITY DATE (YY/MM/DD)		TYPE OF WORK / POSITION DESIRED	
Employment I would like to be considered for:				Willing to work weekends:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> PART TIME      FROM (YY/MM/DD)		TO (YY/MM/DD)		My salary expectations are:	
<input type="checkbox"/> SUMMER				\$ _____ per HR   MO	
PERSONAL INFORMATION					
FAMILY NAME			GIVEN NAME(S)		
STREET ADDRESS			APT. NO.	CITY	
PROVINCE	POSTAL CODE	HOME TEL. NO.		ALTERNATE TEL. NO.	
DATE OF BIRTH (YY/MM/DD)		Are you legally entitled to work in Canada?		SOCIAL INSURANCE NO.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have any physical disability or health condition that may limit your ability to perform the job?					<input type="checkbox"/> NO
<input type="checkbox"/> YES, SPECIFY:					
Have you been convicted of an offense that may relate to the job you are applying for?					<input type="checkbox"/> NO
<input type="checkbox"/> YES, SPECIFY:					
Do you have a valid BC driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO			Driver's License No:		
Do you have an airbrake endorsement? <input type="checkbox"/> YES <input type="checkbox"/> NO			Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Do you have any driving restrictions? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE EXPLAIN:					
List any driving convictions which you have obtained over the past five years:					