

TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		DATE AVAILABLE FOR WORK		FOR MANAGEMENT USE ONLY	
POSITION APPLIED FOR, IF KNOWN		SALARY EXPECTED \$ _____ PER _____			
PERSONAL DATA					
LAST NAME		GIVEN NAMES		NAME USED	
PRESENT ADDRESS (APARTMENT NO, STREET)					
(CITY, PROVINCE)				POSTAL CODE	
HOME TELEPHONE NUMBER ()			BUSINESS / OTHER TELEPHONE NUMBER ()		
Are you eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		CLASS OF LICENSE	
Do you have any geographic preferences or restrictions regarding your work location? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please specify		
Has any company ever refused to issue or to continue a fidelity bond for you: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously been employed by Movac Mobile Vacuum Service Ltd? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when did you leave?	Why?
NAME ANY RELATIVES OR FRIENDS PRESENTLY EMPLOYED BY MOVAC MOBILE VACUUM SERVICE LTD.					
HOW HAVE YOU BEEN REFERRED TO THIS COMPANY? <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> PLACEMENT AGENCY <input type="checkbox"/> CANADA MANPOWER <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER					
EDUCATION					
		<u>GRADE</u> (CIRCLE LAST GRADE SUCCESSFULLY COMPLETED)		<u>COURSE/PROGRAM</u>	
Elementary or Secondary School		1 2 3 4 5 6 7 8 9 10 11 12 13			
University, technical, business, Community college		1 2 3 4 5			
Other studies (please specify level attained and course/program)					
WORK HISTORY					
1. MOST RECENT EMPLOYER NAME ADDRESS			BRIEFLY DESCRIBE JOB RESPONSIBILITIES		
CITY	PROVINCE	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF EMPLOYMENT FROM/TO	REASON FOR LEAVING	
PHONE NUMBER SUPERVISOR ()					
2. EMPLOYER NAME ADDRESS			BRIEFLY DESCRIBE JOB RESPONSIBILITIES		
CITY	PROVINCE	MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF EMPLOYMENT FROM/TO	REASON FOR LEAVING	
PHONE NUMBER SUPERVISOR ()					

Please list additional skills or interests which you feel enhance your qualifications for employment. (For example: sports, activities, clubs, part-time or odd jobs during school, etc.)

Exclude any organization, which could indicate race, religion, etc.

If you have no previous work experience, please provide two personal references that we may contact.

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____

TERMS AND CONDITIONS OF EMPLOYMENT

1. The employer may verify all information provided on this application form and contact my previous employers for references, except as limited above. I understand my employment depends upon the receipt of satisfactory work and/or personal references.
2. I understand that a health assessment and drug test is a condition of employment. I also understand that if the results of this assessment do not meet the requirements of the position offered to me, then the offer is revoked and void.
3. In the event of my employment I will comply with all work related policies, standards and procedures.
4. If selected for employment, I will provide proof of my eligibility to work in Canada, S.I.N. #, my date of birth and any required academic or occupational certification.
5. If I am under the age of 18 years, I have parental/guardian consent (parent/guardian to sign below). *
6. All information provided on this application form is true. Any employment offer made may be withdrawn if misrepresentation or the omission of facts is revealed; if either of these circumstances arises after my term of employment has commenced, I may be released from service without notice or pay in lieu.

I understand that participation in the benefit plans (i.e. Life, AD&D, LTD, Health & Dental) are a condition of employment and that all employees must be enrolled. Married employees will be classified as married and the coverage cannot be split. Dental, Medical, British Columbia and Alberta Health coverage's may be waived with proof of coverage under another approved plan.

* Parent/Guardian to sign only if applicant is under 18 years.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

IN CASE OF EMERGENCY NOTIFY	NAME: _____	RELATIONSHIP: _____
	ADDRESS: _____	TELEPHONE: _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Movac Mobile Vacuum Service Ltd. will be based only on your merit and on no other consideration. In particular we wish you to note that the information requested above shall not be used by the Company to discriminate against any job applicant because of race, religion, creed, color, age, sex, national origin or disability.

DO NOT WRITE BELOW THIS LINE – FOR COMPANY USE ONLY

SUPERVISORS REMARKS:

