

APPLICATION FOR EMPLOYMENT

Name _____

Date _____

How did you hear about us?

- Decor web site Job Bank (Employment Ins) Pembina Valley online/Local Job Shop
 Newspaper Portable sign advertising Radio
 Decor employee (please print name) _____
 Facebook Ad Other _____

Have you ever applied here before? yes no If yes, when? _____

Have you been employed here before? yes no If yes, when? _____

Are you 16 years of age or older? yes no

Please tell us about yourself.

Phone	Mailing Address
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages – in order to best accommodate different languages in the workplace, please indicate the following:	
	Speak Read Write
English	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Will you require a translator for your interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any limitations that would prevent you from working in a manufacturing environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

What type of work are you looking for?

<input type="checkbox"/> Production	<input type="checkbox"/> Office	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
Expected salary: \$ /hr			Date available for work:		
Please note: We operate on a 2 week shift rotation. Are you willing to work both day and evening shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Day shift: Monday – Friday, 7:00 AM – 3:30 PM</i>			<i>Evening shift: Monday – Friday, 3:30 PM – 11:30 PM</i>		

What are your qualifications and experience?

What is the highest level of education you have completed?

Do you have any other applicable training, skills, or experience?

List past employment below, beginning with the most recent. Please fill in completely.

Name of Company	Start date
Position held	End date
Responsibilities	
Reason for leaving	
Supervisor/manager's name	Supervisor/manager's phone
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company	Start date
Position held	End date
Responsibilities	
Reason for leaving	
Supervisor/manager's name	Supervisor/manager's phone
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company	Start date
Position held	End date
Responsibilities	
Reason for leaving	
Supervisor/manager's name	Supervisor/manager's phone
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your References

Name 2 persons who know your work and to whom we may refer in confidence.

Name	Position	Telephone Number

I authorize you to call the references listed above. I hereby certify that the information I have provided is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature

Date

Thank you for applying for employment at the Decor Cabinet Company. We will call you if we would like to interview you for an available position. Your application will be kept on file for 3 months. If you are still looking for work *after 3 months* please apply again.