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| **INSERT YOUR LOGO HERE** |

**EMPLOYMENT APPLICATION FORM**

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| **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** | **Vacancy Reference No.: \_\_\_\_\_\_\_\_\_** | **Page 1** |
| **APPLICATION FOR EMPLOYMENT** |
| Are you responding to an employment vacancy advertisement: - Yes  No  How did you become aware of the vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PLEASE COMPLETE PAGES 1-5. AND THE APPLICANT INFORMATION RELEASE FORM** | DATE  |
| Name  |
| Last First  | Middle | Maiden |
| Present address  |
| Physical Address | Postal Address |
| Number Street City State / ProvincePostal Code | Box CityProvince / StateCode  |
| Are you a citizen of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Country)? Yes  No Do you have permanent residency status? Yes  No  | Identity No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country(ies) holding Citizenship Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone:- **Home** \_\_\_\_\_\_ (Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office** \_\_\_\_\_\_ (Code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cellular** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If under 18, please state age  |
| Position applied for (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and salary desired (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and specific benefits (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Be specific) | Days/hours available to work:- No Preference \_\_\_\_\_\_\_\_\_\_\_ or**Monday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Tuesday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Wednesday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Thursday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Friday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Saturday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_**Sunday** From \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How many hours can you work weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you work nights? (after 18h00 and before 06h00) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please note that the Company does not provide Staff Transport facilities **or** The Company only provides Staff Transport Facilities to the following areas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Delete whichever is NOT applicable) |
| Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME  |
| Month when available for work?  |
|   |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School |   |   |   |   |
|   |   |   |   |   |
| College |   |   |   |   |
|   |   |   |   |   |
| Bus. or Trade School |   |   |   |   |
|   |   |   |   |   |
| Professional School |   |   |   |   |
|   |   |   |   |   |
| HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES? (*Must be relevant to job requirements*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. See the Criminal Reference Check Form. Approved Reference Agency: |

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|  **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** |   | **Page 2** |
| **APPLICATION FOR EMPLOYMENT** |
|   |
| DO YOU HAVE A DRIVER’S LICENSE?  Yes  No Please ensure that the Driver's License Record Check is completed. |
| What is your means of transportation to work?  |
| Driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of issue \_\_\_\_\_\_\_  | Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Operator  Commercial  Chauffeur Private |
| Expiration date |
| Have you had any accidents during the past three years? Yes No  | How many?  |
| Have you had any moving violations during the past three years? Yes No  | How Many?  |
| **TO BE COMPLETED BY APPLICANTS FOR OFFICE WORK ONLY** |
| Typing  Yes  No \_\_\_\_\_ WPMPC \_\_\_\_\_ Mac \_\_\_\_\_ | Word Processing Software MS Office \_\_\_\_\_ Lotus Office Suite \_\_\_\_\_WordPerfect \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pastel \_\_\_\_\_ |
| Other Computer / Programming / DTP Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| References (See work record Reference Check Form) |
| Please list two references other than relatives or previous employers. |
| Name  | Name |
| Position  | Position |
| Company  | Company |
| Address 1 | Address 1 |
| Address 2 | Address 2 |
| Address 3 | Address 3 |
| Telephone ( )  | Telephone ( )  |
|   |

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| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |
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| **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** |   | **Page 3** |
| **APPLICATION FOR EMPLOYMENT** |
| **Work Experience** | Please list your work experience for the **past five years** beginning with your most recent job held.If you were self-employed, give firm name. **Attach additional sheets if necessary. Applicant employees will be required to sign an Information Release Form for the following reference checks: Educational Record Check, Personal Reference Check, Driver's License Check and Employment Record Check.** |
| Name of employer  | Name of last supervisor | Employment dates | Pay or salary |
| Title of last Supervisor |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Your last job title | No. of Subordinates |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
|   |
|   |
| Name of employer  | Name of last supervisor | Employment dates | Pay or salary |
| Title of last Supervisor |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Your last job title | No. of Subordinates |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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|   |
| Name of employer  | Name of last supervisor | Employment dates | Pay or salary |
| Title of last Supervisor |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Your last job title | No. of Subordinates |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
|   |
|   |
|   |
| Name of employer  | Name of last supervisor | Employment dates | Pay or salary |
| Title of last Supervisor |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Your last job title | No. of Subordinates |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
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| **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** |   | **Page 4** |
| **PLEASE READ CAREFULLY** |
| May we contact your present employer?  Yes  No |
| Did you complete this application yourself  Yes  No |
| If not, who did? |
|   |
| **APPLICATION FORM WAIVER (FOR SA ONLY)** |
| In exchange for the consideration of my job application by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. |
| I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. (*only if applicable to the performance of the job, e.g. applicant is applying for a truck driver position)* |
| I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it. |
| I further understand that any employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company may be terminable by the Company for any reason recognised in law as being sufficient. |
| **Signature of applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, colour, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications and the inherent requirements of the job, having regard to Employment Equity legislative requirements. |
| Thank you for completing this application form and for your interest in our business. |

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| **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** |   | **Page 5** |
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| **POST EMPLOYMENT INFORMATION FORM** |
| TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED |
| Height \_\_\_\_\_\_ ft. \_\_\_\_\_\_ in. Weight \_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Married  Yes  No  Single  Separated  Divorced  Widowed  |
| PERSON TO BE NOTIFIED IN CASE OF EMERGENCY |
| Name Telephone  |
| Address Relationship  |
| FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS |
| NAME | RELATIONSHIP | BIRTH DATE | I.D. NO.  |
|   |   |   |   |
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| TO BE COMPLETEDBY EMPLOYER |
| Date of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time  Part-time  Salaried |
| Applicant’s signature acknowledging above information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drug test confirmation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person verifying information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person authorizing employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Induction Programme Compiled by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scheduled dates for Probationary Period Appraisals \_\_\_\_\_\_\_\_\_\_\_\_\_ 199\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_199\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_199\_\_\_ |
| Employment Take On Form Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Communique announcing Employment to be sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  **PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE** |   | **Page 6** |
| **Applicant Selection Criteria Record** |
| **JOB TITLE** |
| **CANDIDATES CONSIDERED (INCLUDING DISABLED AND FEMALES)** |
| **NAME** | **MALE/** **FEMALE** | [**EQUITY CODE\***](http://www.workinfo.us/Sub/Sub_for_hr/hr/manual/samation_fo.htm#*ETHNIC CODES:) |
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| **\*EQUITY CODES:** **SA 1-BLACK, 2-WHITE, 3-PERSON WITH A DISABILITY** |
| **CANDIDATE SELECTED** |
| **NAME** | **MALE/** **FEMALE** | **EQUITY** **CODE** | **SOURCE** |
|   |   |   |   |
| **SELECTION CRITERIA** |
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| **REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS** |
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| **ORIGINATOR'S SIGNATURE** | **DATE** |
| **POSITION** | **DEPARTMENT** |