



# Employee Information

## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_ City Province Postal Code

Driver's license # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
(mm/dd/yyyy)

Healthcare #: \_\_\_\_\_

## Job Information

Trade: \_\_\_\_\_ Employee # \_\_\_\_\_

Supervisor: \_\_\_\_\_ Notes: \_\_\_\_\_

Work Location: \_\_\_\_\_

Salary: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apt#  
\_\_\_\_\_ City Province Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



## Employee Information

### Education and Training

**Highest Grade** High School: \_\_\_\_\_ University: \_\_\_\_\_

Please provide the following information about your education and training

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_ Courses Taken: \_\_\_\_\_

Diploma : \_\_\_\_\_ Certificate: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_ Courses Taken: \_\_\_\_\_

Diploma : \_\_\_\_\_ Certificate: \_\_\_\_\_

**Safety Trainings:**

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

### Work History

Present Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I certify that the information given on this application form is true and correct.

I authorize the verification of the above information.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## Company Information

### Company Information

Company Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_

Street Address

Apt#

City

Province

Postal Code

GST # \_\_\_\_\_

BUSINESS # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Driver's license # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

(mm/dd/yyyy)

Healthcare #: \_\_\_\_\_