Drumbo Tent Company 31 Wilmot street Drumbo, Ont. NOJ 1GO



## **Employment Application**

|                          |                       | Applicant Info         | ormation                                 |                  |  |  |  |
|--------------------------|-----------------------|------------------------|--|------------------|--|--|--|
| Full Name:               |                       |                        |  | Date of birth :  |  |  |  |
|                          | First                 | Last                   | Middle                                   |                  |  |  |  |
| Address:                 |                       |                        |  |                  |  |  |  |
|                          | Street Address        |                        |  | Apartment/Unit # |  |  |  |
|                          | City                  |                        |  | ZIP Code         |  |  |  |
| Phone:                   | •                     | Ce                     | -الح                                     |                  |  |  |  |
|                          |                       |                        |  |                  |  |  |  |
| Date Availa              | ble:                  | _ Social Security No.: |  |                  |  |  |  |
| Position App             | plied for:            |                        |  |                  |  |  |  |
| Married?                 |                       | YES NO                 | Bank trans                               | sit-5 digits     |  |  |  |
| Children?                |                       | YES NO<br>□ □          | Bank Number #3 dig<br>Bank personal acco |                  |  |  |  |
|                          |                       |                        |  | <u></u>          |  |  |  |
| How did you hear of Job: |                       |                        |  |                  |  |  |  |
|                          |                       | Educati                | on                                       |                  |  |  |  |
| High Schoo               | l:                    | Address:               |  |                  |  |  |  |
| From:                    | To:                   | Y Did you graduate?    | ES NO ☐ Diploma::                        |                  |  |  |  |
| College:                 |                       | Address:               |  |                  |  |  |  |
| From:                    | To:                   |                        | rES NO<br>□ □ Degree:                    |                  |  |  |  |
|                          |                       | Address:               |  |                  |  |  |  |
| Recreati<br>onal         |                       | YES NO                 |  |                  |  |  |  |
| drugs                    |                       |                        | :How often                               |                  |  |  |  |
|                          |                       | Referen                | ces                                      |                  |  |  |  |
|                          | professional referenc |                        |  |                  |  |  |  |
| Full Name:               |                       |                        |  | onship:          |  |  |  |
| Company:                 |                       |                        |  | Phone:           |  |  |  |

| Address:        |   |                        |             |                |  |
|-----------------|---|------------------------|-------------|----------------|--|
| Full Name:      | ne:   |                        |             | Relationship:  |  |
| Componi         |   |                        |             | Phone:         |  |
| Address:        |   |                        |             |                |  |
| Full Name:      |   |                        |             | Relationship:  |  |
| Company: _      |   |                        |             | Phone:         |  |
| Address: _      |   |                        |             |                |  |
|                 | Previous E                                    | mploym                 | ent         |                |  |
| Company: _      |   |                        |             | Phone:         |  |
| Address: _      |   |                        |             | Supervisor:    |  |
| Job Title: _    | Starting S                                    | alary: <u>\$</u>       |             | Ending Salary: |  |
| Responsibilitie | es:   |                        |             |                |  |
| From: _         | To:   | _ Reason for Leaving:_ |             |                |  |
| May we conta    | act your previous supervisor for a reference? | YES                    | NO          |                |  |
|                 |   |                        |             |                |  |
| Company: _      |   |                        |             | Phone:         |  |
| Address: _      |   |                        |             | Supervisor:    |  |
| Job Title: _    | Starting S                                    | alary: <u>\$</u>       |             | Ending Salary: |  |
| Responsibilitie | es:   |                        |             |                |  |
| From:           | To:   | Reason f               | or Leaving: |                |  |
| May we conta    | act your previous supervisor for a reference? | YES                    | NO          |                |  |
|                 |   |                        |             |                |  |
| Company: _      |   |                        |             | Phone:         |  |
| Address: _      |   |                        |             | Supervisor:    |  |
| Job Title: _    | Starting S                                    | alary: <u>\$</u>       |             | Ending Salary: |  |
| Responsibilitie | es:   |                        |             |                |  |
|                 | To:   |                        |             |                |  |
|                 | act your previous supervisor for a reference? | YES                    | NO          |                |  |

| Military Service  |       |     |  |  |  |  |  |
|---|-------|-----|--|--|--|--|--|
| Branch:   | From: | To: |  |  |  |  |  |
| Rank at Discharge: Type of Discharge:   |       |     |  |  |  |  |  |
| If other than honorable, explain:   |       |     |  |  |  |  |  |
| Disclaimer and Signature  |       |     |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |       |     |  |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |       |     |  |  |  |  |  |
| Signature   | Date  | ۸۰. |  |  |  |  |  |