

# APPLICATION FOR EMPLOYMENT



McKillican Canadian, Inc. is an equal opportunity employer. We do not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, sexual orientation, national origin, disability, veteran status or any other protected status.

First Name	Last Name	SIN	Date			
Mailing Address	City	Province	Postal Code			
Telephone# Home:	Cell:	Email Address				
If you have ever worked under another name, Please list name: <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, explain:						
Specify which job status you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal						
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wages desired	Date available to begin with			
Specify all days and hours you are available to work:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Are you available to work variable shifts?  Days  Swing  Weekends  Graveyard

Some positions may require overtime, does this pose a problem for you?  Yes  No

If yes, explain:

Are you currently on layoff status, leave of absence or other suspension  Yes  No

of employment and subject to recall with another employer? If yes, explain:

Have you ever been discharged (or terminated) by a former employer?  Yes  No

If yes, explain:

Have you ever been convicted of a criminal offense other than traffic  Yes  No

violations within the past ten years? If yes, explain:

Are you willing to submit to a drug screen?  Yes  No

Are you willing to submit to a credit check?  Yes  No

Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:
Estimated Graduation Date:	Course / Major:

## EMPLOYMENT RECORD

List each job held. Start with your present or last employer first. Included military service. Explain any gaps. Do not omit any job.

Employer:	Dates Employed:	
Address	From:	To:
Telephone#:	Supervisor:	
Job Title:	Hourly Rate / Salary:	
Reason for Leaving:	Starting:	Ending:
Describe your duties & responsibilities:	May we contact? <input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer:	Dates Employed:	
Address:	From:	To:
Telephone#:	Supervisor:	
Job Title:	Hourly Rate / Salary:	
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Telephone#:	Supervisor:	
Job Title:	Hourly Rate / Salary:	
Reason for Leaving:	Starting:	Ending:
Describe your duties & responsibilities:	May we contact? <input type="checkbox"/> Yes	<input type="checkbox"/> No

## EDUCATION HISTORY

Education	Name & Address of School	Graduated	Course or Major	Degree or Certification
High School				
College				
Graduate School				
Other				

## REFERENCES

List 3 non-relatives who are familiar with your qualifications and actual work history and ability:

Name:	Name:
Telephone:	Telephone:
Occupation:	Occupation:
Relationship:	Relationship:
Name:	Additional qualifications (List any additional experience, special training, skills or qualifications that you feel would qualify you for this position. Include hobbies, volunteer or recreation as it may relate to the position):
Telephone:	
Occupation:	
Relationship:	

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement, omission or falsification of information is grounds for refusal to hire or, if hired, dismissal.

I authorize the verification of all information on my application, and further authorize any of the persons or organizations listed on my application to give the employer and /or recruiter any and all information concerning my past and present employment, education or any other information they might have which is pertinent to my employment qualifications. I agree to release all parties from all liabilities for any damage that may result from furnishing such information to this employer and/or recruiter.

In consideration for my employment and my being considered for employment by this employer, I agree to conform to the rules and regulations of the employer and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the company's sole options and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the company or myself. I understand the 90 day probation period is a time that allows both parties the opportunity to decide if the hiring decision was in the best interests of all. During this time, either party may terminate employment. The termination will be in compliance with the regulations of the region of employ.

I understand that only designated company representatives have the authority to enter into agreement fro employment for any specific period of time, or to make any agreement contrary to the foregoing.

I acknowledge that I have been advised that this application will not remain active once a decision about the position has been made.

I approve and submit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date