

Send completed applications to info@baletec.ca

Employment Application

Position Being Applied For: _____

Date Available to begin work: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Are you legally eligible to work in Canada? YES NO Are you 18 years old or more? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

To determine your qualification for employment, please provide information about your academic and other achievements including volunteer work, as well as employment history. Attach any additional information on a separate sheet.

Education

Secondary School Highest grade or level completed: _____

Business or Trade School
Name of Program: _____

Length of Program: _____

License, certificate or diploma awarded? YES NO Type: _____

Community College or University
Name of Program: _____

Length of Program: _____

Diploma/degree awarded? YES NO Type: _____

Work Related Skills

Describe any of your work-related skills, experience or training that relates to the position being applied for.

Employment History

Name of Present or Past Employer: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Type of Business: _____

Functions/Responsibilities _____

Name of Previous Employer: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Type of Business: _____

Functions/Responsibilities _____

Name of Previous Employer: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Type of Business: _____

Functions/Responsibilities _____

May we contact your present/last employer YES NO

Your former employer (s) YES NO

List references if different than above on a separate sheet.

Have you attached an additional sheet? YES NO

Do you have a valid driver's license? YES NO

Driver's License
 Number: _____ Expiry: _____

I hereby give permission for a driver's abstract to be completed. YES NO

Please note: The information collected within this application will be checked thoroughly for accuracy.

I understand that providing any false, misleading or incomplete information is grounds for immediate discharge from employment.

Signature: _____ Date: _____