



P.O. Box 274, Gormley, ON L0H 1G0
Ph: 905-709-2221 • Fax: 905-709-0702

APPLICATION FOR EMPLOYMENT

Date of Application: _____, 20__

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Street Address: _____
City: _____ Prov: _____ Postal Code: _____
Home Phone #: () _____ Cell Phone #: () _____ Email: _____
Are you legally eligible to work in Canada? Yes No Level of Education Completed: _____

AVAILABILITY

Date Available to Start: _____
If referred, please state the name of the employee that referred you: _____
Position you are applying for: _____
Pay expectation: _____/hour. Status: Full-Time Part-Time Seasonal/Student

HOURS OF AVAILABILITY							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:							
To:							

EMPLOYMENT HISTORY

Current Employer: _____ Dates of Employment: _____ to _____
Supervisor: _____ Phone Number: () _____ Ext: _____
Position/Duties: _____
Reason for Leaving: _____
Starting Pay: _____/hour. Ending Pay: _____/hour. May we contact this company? Yes No

Previous Employer: _____ Dates of Employment: _____ to _____
Supervisor: _____ Phone Number: () _____ Ext: _____
Position/Duties: _____
Reason for Leaving: _____
Starting Pay: _____/hour. Ending Pay: _____/hour. May we contact this company? Yes No

REFERENCES (Please list any references not given above, please do not list relatives.)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Please exclude any reference to any organization which could indicate race, religion, marital status, age, colour, gender, ancestry, political beliefs, sexual orientation, place of origin, physical disability, mental disability, or handicap.

The undersigned acknowledges that the foregoing statements and information fully and truthfully set forth the true and accurate personal information of the applicant as of the date hereof. The undersigned further acknowledges that for the purposes of determining the suitability of the undersigned for the position applied for, an investigation may be made with respect to relevant information. The undersigned hereby consents to Ron Leuschner Spraying Ltd., or its affiliates or agents collecting and retaining such information and conducting further investigations with respect to relevant information. The undersigned further consents to the updating of this information from time to time, as necessary.

Signature: _____ Date: _____