



## APPLICATION FOR EMPLOYMENT

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Last                      First                      Other Surname If Used During Previous Employment or Education

Address \_\_\_\_\_  
No.                      Street                      City                      Province/State                      Postal/Zip Code

\_\_\_\_\_ Residence Phone Number                      Business/Alternate Phone Number                      Email Address

### GENERAL

Are you between the ages of 16 and 65                      Yes \_\_\_                      No \_\_\_

Are you legally entitled to work in Canada/US (circle which)                      Yes \_\_\_                      No \_\_\_

Are you willing to work shifts, weekends and overtime                      Yes \_\_\_                      No \_\_\_

Have you ever been convicted of a Federal offence  
 for which no pardon has been granted?                      Yes \_\_\_                      No \_\_\_  
 -if so, please indicate the date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day                      Month                      Year

Date available for employment \_\_\_\_/\_\_\_\_/\_\_\_\_                      Salary Expected \_\_\_\_\_ Per \_\_\_\_\_

### Employment History

**We will not be contacting your current employer without authorization**

Previous Employer: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Previous Employer: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

### Authorization

*I hereby certify that any misrepresentation of facts by me in this application shall be sufficient cause for dismissal if employed by Transition Squad or any of its affiliate companies. I authorize Transition Squad to contact any persons or organizations they deem necessary before and after an interview for the purpose of obtaining reference information and/or research information contained in my personnel file(s) for verification. I permit Transition Squad to forward a copy of this application, in whole or in part, to serve as my authorization for disclosure.*

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

*Date* \_\_\_\_\_