



APPLICATION FOR EMPLOYMENT

PERSONAL DATA				Today's Date:
SURNAME	FIRST NAME	MIDDLE NAME	TELEPHONE	
STREET ADDRESS			APT.#	
CITY	PROVINCE	POSTAL CODE		

Are you legally entitled to work in Canada? Yes No

Are you of legal minimum age to accept employment in this province? Yes No

Do you have any limitations which would prevent you from performing the requirements of this job? Yes No

Have you worked at Color Ad before? Yes No If yes, when? _____

How did you find out about this job? _____

EDUCATION

Highest Grade or level completed? _____

Other courses, seminars completed? _____

EMPLOYMENT BACKGROUND					REASON FOR LEAVING
DATE	COMPANY NAME AND ADDRESS	TELEPHONE	SUPERVISOR	YOUR POSITION	
From:					
To:					
From:					
To:					
From:					
To:					

For employment references, may we approach your present/last employer? Yes No

For employment references, may we approach your former employers? Yes No

**I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR BE A CAUSE FOR DISMISSAL.**

SIGNATURE

DATE