



APPLICATION FOR EMPLOYMENT

We consider applicants without regard to age, race, colour, creed or religion, ancestry, origin, gender, sexual orientation, marital status, family status, record of offences, disability, or other protected ground.

PERSONAL DATA

Last Name			First Name			Middle Name		
Present Address								
City			Province			Postal Code		
Home Telephone Number Area Code ()			Cell Phone Number Area Code ()					
Have you worked here before? If Yes, When?			Are you employed now?			If hired, when can you start work?		
Are you legally eligible to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			How did you find out about our company? If you were referred, who referred you?					
Do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you want to work? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>					
What types of work are you interested in doing?								

EDUCATION DATA	ELEMENTARY SCHOOL	SECONDARY SCHOOL	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL																
Name of School																				
Year Last Attended																				
Year Completed	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Certificates, Diplomas, Degrees Obtained																				
Course of Study																				
List Any Specialized Training, Apprentices Skills, Awards, Professional Designations, and Other Education																				

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

Present or last employer		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Previous employer		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
Previous employer		Address	
Type of business			
Your job title	Period Employed	From (mo/yr) To (mo/yr)	Final Salary
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			
May we contact your present employer for reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE READ CAREFULLY

I authorize Steel Container Systems Inc. to make such inquiries as it deems necessary concerning this application. I certify that the information I have provided in this application is complete and accurate. I agree that any material errors or omissions shall be reason for the company not to hire me, or, if I am hired, shall be sufficient cause for my dismissal.

Applicant Signature _____

Date _____