

PERSONAL INFORMATION

First name:_____ Last name:_____ Verify full name:_____ (First / Last)

Current address:_____ (Street Address / City / Province / Postal Code)

Phone number:_____ Email:_____

Languages: Spoken:_____ Written:_____ Read:_____

Do you have any physical/mental disabilities or health problems affecting the position applied for? Yes No

If Yes, describe (e.g., applicable allergies, applicable health restrictions): _____

Are you of legal working age in this Province? Yes No

Are you legally entitled to work in Canada at Price Industries? Yes No

Have you ever been bonded? Yes No If Yes, for what job? _____

Note: Some positions are subject to a criminal record check.

EDUCATION

TYPE	NAME / LOCATION	COURSE OF STUDY	# YEARS COMPLETED	DEGREE / DIPLOMA
High School				
College				
Technical or Other				

EMPLOYMENT RECORD

COMPANY NAME /LOCATION	TYPE OF WORK	DATE: START / LEFT	REASON FOR LEAVING

REFERENCES/PRICE INDUSTRIES ASSOCIATES

(Do not include relatives)

1. _____
(Name / Phone number / Email / Occupation / Years known)

2. _____
(Name / Phone number / Email / Occupation / Years known)

3. _____
(Name / Phone number / Email / Occupation / Years known)

May we contact your current employer?: Yes No

EMPLOYMENT

Type of work desired: _____ Hourly rate desired \$: _____

Type of hours desired: F/T P/T Summer Student

Willing to work: Days Evenings Nights Weekends

Have you ever worked for Price Industries?: Yes No If Yes, when?: _____

How were you referred to our organization?: _____

Relatives/associates employed by this organization?: _____

If you've recently changed your name, provide alternate name you're educated / employed under: _____

Emergency contact name: _____ Emergency contact phone number: _____

Please provide additional information which is relevant to your application such as licenses, professional memberships, hobbies, etc. (optional).

APPLICANT'S STATEMENT

I understand this application will be active for a period of three months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____
(Type in first and last name)

SUBMIT APPLICATION

How to properly submit an application: Your application will not be transmitted directly from this form. You must have an active email account in order to submit your application. After you select the "Submit Application" button below, a pop-up menu will appear and ask you to confirm whether you are using a desktop or internet based email account. Once you have selected your account a new message will be created. Your completed application form will be attached to the email.