

EMPLOYMENT INFORMATION

General Information. Please complete all requested information. Use ink and print.

Location/Store #		Today's Date	Position Desired						
Name (Last)	(First)	(Middle)	Minimum Hourly Wage Desired		Date Available For Work				
Street Address			I am interested in: <input type="checkbox"/> Full-time 30 – 40 hrs. per week <input type="checkbox"/> Part-time 0–29 hrs. per week <input type="checkbox"/> Seasonal Holiday/Summer						
City	Province	Postal Code	Please clearly indicate the hours you are available to work each day between 9:00 am – 10:00 pm:						
Telephone (Day)	Telephone (Evening)	Telephone (Mobile)	S	M	T	W	TH	F	S
Have you ever applied to our company before? If yes, where and when?			We require a minimum availability of three shifts per week Note: Should your availability change, it is your responsibility to notify your supervisor. Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note you may be required to provide proof of age after hire. Do you now, or will you in the future, require sponsorship for employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Work Experience. List your previous experience, beginning with your current or most recent position.

Employer	Starting Position			Starting Hourly Wage		
Street Address	City	Province	Postal Code	Most Recent Position		Most Recent Hourly Wage
Phone	Supervisor	Name/Title		Duties		
Reason For Leaving			Dates of Employment		Start: Month Year End: Month Year	

May we contact this employer? Yes No

Employer	Starting Position			Starting Hourly Wage		
Street Address	City	Province	Postal Code	Most Recent Position		Most Recent Hourly Wage
Phone	Supervisor	Name/Title		Duties		
Reason For Leaving			Dates of Employment		Start: Month Year End: Month Year	

May we contact this employer? Yes No

Employer	Starting Position			Starting Hourly Wage		
Street Address	City	Province	Postal Code	Most Recent Position		Most Recent Hourly Wage
Phone	Supervisor	Name/Title		Duties		
Reason For Leaving			Dates of Employment		Start: Month Year End: Month Year	

May we contact this employer? Yes No

References. Business references preferred.

Reference	Reference						
Street Address	City	Province	Postal Code	Street Address	City	Province	Postal Code
Phone	Job Title			Phone	Job Title		
Length and nature of business relationship				Length and nature of business relationship			



An Equal Opportunity Employer

Education & Training: Please include name and city for each school.

School Type	School Name and City	Number of Years Completed	Certification Received (Degree, Diploma etc.)	Type of Course/Major
University				
College				
High School				
Other				
Additional Training				

Additional Employment History Inquiries

Have you ever been dismissed or forced to resign from any employment?
 Yes No
 If yes, please explain:

Have you ever been convicted of an offence under the Criminal Code of Canada for which a pardon has not been granted?
 Yes No

Referral Source

Store Sign Walk-in Applicant Employee Referral Job Fair
 Website (please indicate) _____ Newspaper Other

Additional Questions

Why are you interested in working for our company?	
What strengths would you bring to our company?	
What didn't you like about your previous jobs?	

Applicant's Statement

If I become employed, I agree to abide by the rules and regulations of Prototype Ops LLC. All the information I have supplied in this job application is true and complete statement of the facts and, if I become employed, I agree that any false statement, misrepresentation or omission may result in my immediate dismissal without further payment to me. I authorize all persons, schools, employers and other organization named in this application to provide Prototype Ops LLC. with relevant information that may concern my employment or prospective employment with Prototype Ops LLC. I also understand that, for employment purposes investigative background inquiries may be required. By signing this job application, I acknowledge having been given notice that Prototype Ops LLC. to obtain such a report and I authorize, without reservation, any person, party or agency (including law enforcement or government agency) contacted by Prototype Ops LLC. to release all information about me.

All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, I agree that any false statement, misrepresentation or omission may result in immediate dismissal. I understand that Prototype Ops LLC. may share the information contained in this application with other Prototype Ops LLC. employees for employment and administrative purposes and hereby consent to such transfer. I further authorize you to contact all of my previous employers or references for full information regarding my employment history.

 Signature Date

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.

TO BE COMPLETED BY PROTOTYPE OPS, LLC. AFTER HIRE		
Date Hired (D/M/Y):	Store #:	Social Insurance Number: _____
Position:	F/T, P/T, Seasonal:	Start Date:
References Completed By:		