

Position Applied for:

Date:

Warner Industries Job Application Form



THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name: Middle Initial: First Name:

Address:

Postal code:

Home Phone N°:

Social Insurance N°:

Daytime Phone N°:

Work Permit N°:

Cell Phone N°:

Salary Expectations

E-mail address:

May we contact you at work? Yes No

Are you legally entitled to work in Canada? Yes No

Driver's License – if relevant to position applied for.
Do you hold a clean driver's license valid in Canada? Yes No

Have you been convicted of a misdemeanor or crime? (If considered for employment, you will be requested to provide a current criminal record background check.) Yes No

If yes, please give details / dates of offence(s) and sentence: A conviction will not necessarily bar you from employment. Each offence will be judged on its own merit with respect to time, circumstances and seriousness. If considered for employment, you will be required to provide a current criminal record background check.

Section 2 Voluntary Information

Warner Industries is committed to supporting equal employment opportunities and to ensure that, as an organization, it reflects Canadian Society and provides equitable representation of designated group members within our workplace. Designated group members are aboriginal persons, visible minorities, people with disabilities and women. The following information is voluntary. If you are a member of a designated group, you are strongly encouraged to self identify.

Yes I agree to answer few/all questions in this section and understand that the information may be used for human resource planning

No I do not wish to self identify.

A. Aboriginal

First Nations

Inuit

Métis

Other

(please give details):

B. Visible minority

(Please give details on back round)

C. Disability – Warner Industries defines disability as any permanent or recurring condition, which might reduce or has reduced individual's opportunity for securing, retaining and/or advancing in employment. This includes persistent physical, mental or learning disability.

(Please give details)

D. Are you a Woman?

E. Date of Birth: day/month/year

Section 3 Protecting Children and Vulnerable Adults

The following information is a requirement for a Criminal Records Bureau police check. (vulnerable Sector)

Enhanced Checks Only (refer to Job Application Pack)

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this position?

Yes

No

Section 4 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postal code:

Position Title:

Start Date:

Salary:

Department:

Supervisor:

Brief description of duties:

Continue on a separate sheet if necessary (Attached on back)

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving
(if no longer employed):

Section 5 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business.

Name of Employer:

Address:

Start/End Date: **Postal code:**

Position Held: **Supervisor:**

Summary of duties:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Reason for leaving:

Name of Employer:

Address:

Start/End Date: **Postal code:**

Position Held: **Supervisor:**

Summary of duties:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Reason for leaving:

Name of Employer:

Address:

Start/End Date: **Postal code:**

Position Held: **Supervisor:**

Summary of duties:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Reason for leaving:

Continue on a separate sheet if necessary (Attached on back)

Section 6 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary (Attached on back)

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/Management Qualifications	Course Details

Continue on a separate sheet if necessary (Attached on back)

Section 7 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Section 8 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail what abilities, skills and knowledge you acquire. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary (Attached on back)

Section 9 References

Please provide the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline your relationship to your references.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Relationship (Other):	<input type="text"/>	Relationship (Other):	<input type="text"/>
Organization:	<input type="text"/>	Organization:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

May we approach this reference prior to the interview?

Yes No

May we approach this reference prior to the interview?

Yes No

Section 10 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I authorize my previous employer(s) that I have granted permission to Warner Industries for information concerning my professional competence, ethics, character and other qualifications for employment.
- I release Warner Industries from any and all liability arising from the verification of my prior employment history, criminal record, educational record, references, and any other information.

Signed:

Date:

Warner Industries would like to thank everyone for applying; however only those selected for an interview will be contacted.

For Office Use Only

Received By:

Date:

Comments:
