



- 300 Churchill Road  
P.O. Box 879  
Prescott, ON K0E 1T0
- 6424ADanville Road  
Mississauga, ON L5T 2S6
- 3220 Hawthorne Rd  
Ottawa, ON K1V 3V9

# Employment Application

**PLEASE PRINT CLEARLY - ALL SECTIONS MUST BE COMPLETED  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

Personal Information			
Surname:		First:	Second:
Street Address:		Email address:	
City, Province,		Postal Code:	Home Phone: Business Phone:
Emergency Contact:			Phone:
S.I.N. (Optional)	Drivers Lic#:	Expiry Date:	Class of Licence:
Position Applying For			
Office <input type="checkbox"/>	Garage <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Janitorial <input type="checkbox"/>
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Salary/Wages Desired:	
Are there any special provisions required to perform the functions of the job for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain if you wish:			
Have you ever been convicted of a crime for which a pardon has not been granted? (Not necessarily a bar to employment) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Education			
CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8		HIGH SCHOOL: 1 2 3 4	COLLEGE/UNIVERSITY: 1 2 3 4
LAST SCHOOL ATTENDED: (NAME)		(CITY)	
GRADUATION DATE:		DEGREE OR MAJOR:	
TYPING SPEED: _____ WPM		Do you speak French? Yes <input type="checkbox"/> No <input type="checkbox"/>	Write French? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any special skills or training you believe may be relevant to the position(s) you are applying for:			
Employment Record:			
Begin with your most recent employer:			
1. Last/Current Employer Name:		From:	To:
Address:			
Phone#:		Fax#:	
Position Held:			
Reason for Leaving:			

2.	Previous Employer Name:	From:	To:
Address:			
Phone#:		Fax#:	
Position Held:			
Reason for Leaving:			
3.	Previous Employer Name:	From:	To:
Address:			
Phone#:		Fax#:	
Position Held:			
Reason for Leaving:			
May we contact your current/previous employer(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Resume attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What is your reason for choosing KRISKA as your place of employment?			
Where did you hear about Kriska? Newspaper Ad <input type="checkbox"/> Personal contact <input type="checkbox"/> Referral <input type="checkbox"/> Web Page <input type="checkbox"/>			

**This certifies that this application was completed by the undersigned, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my employment, educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company. I understand that the collection of any information is confidential and will not be used for any other purposes.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

***“The Difference Is In Our People....”***