



Deasil Custom Sewing Inc.
195 Mountain Street
Morden Manitoba
R6M 1R8

POSITION APPLIED FOR				WAGE EXPECTED		
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>				DATE AVAILABLE		
DATE OF APPLICATION						
APPLICATION FOR EMPLOYMENT (PLEASE PRINT OR TYPE)						
SURNAME		FIRST	MIDDLE	PHONE	CELL PHONE	
ADDRESS: STREET			CITY	PROV.	POSTAL CODE	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO			EMAIL ADDRESS			
EDUCATION						
	SCHOOL NAME / ADDRESS		FROM	TO	MAJOR	DIPLOMA / DEGREE
SECONDARY SCHOOL						YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE
BUSINESS, TRADE OR TECHNICAL SCHOOL						YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE
COMMUNITY COLLEGE						YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE
UNIVERSITY						YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE
ADDITIONAL COURSES, SEMINARS, WORKSHOPS						
DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.					LANGUAGES SPOKEN WRITTEN ENGLISH <input type="checkbox"/> <input type="checkbox"/> FRENCH <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/>	
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, _____ DATE FROM _____ TO _____				WHAT SOURCE REFERRED YOU TO THIS COMPANY?		
WHAT WAS YOUR POSITION (WHEN YOU LEFT)				WILL YOU DO SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU ACQUAINTED WITH ANY OF OUR CURRENT EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM?						

(CONTINUED ON REVERSE SIDE)

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	EMPLOYED FROM: TO:	PRESENT / LAST JOB TITLE
ADDRESS	SALARY	DUTIES / RESPONSIBILITIES
	TYPE OF BUSINESS	
REASON FOR LEAVING	SUPERVISOR	
COMPANY NAME	EMPLOYED FROM: TO:	PRESENT / LAST JOB TITLE
ADDRESS	SALARY	DUTIES / RESPONSIBILITIES
	TYPE OF BUSINESS	
REASON FOR LEAVING	SUPERVISOR	
COMPANY NAME	EMPLOYED FROM: TO:	PRESENT / LAST JOB TITLE
ADDRESS	SALARY	DUTIES / RESPONSIBILITIES
	TYPE OF BUSINESS	
REASON FOR LEAVING	SUPERVISOR	

MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?

YES

NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYER FOR REFERENCE?

YES

NO

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. IF HIRED I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, INCLUDING AN INITIAL PROBATIONARY PERIOD.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

INTERVIEWER'S COMMENTS:

TO BE FILLED IN AFTER HIRE

SIN

DOB