



## Employment Application

**Applicant Name:** \_\_\_\_\_  
Surname, First name, Middle Initial

SIN \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Province/Territory

Postal Code

Address for previous 3 years (if different from above):

\_\_\_\_\_

Street

City/Town

Province

Postal Code

**License Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

Desired Shift: **AM** **PM** Weekends? **Yes** **No** Able to lift 40+ LBS? **Yes** **No**

Do you have the legal right to work in Canada? **Yes** **No**

Do you have any limitations, medical conditions or chronic ailments that will affect your ability to work? **Yes** **No** If **YES**, describe \_\_\_\_\_

Are you currently employed? **Yes** **No** Do you own safety shoes? **Yes** **No**

Other training, certifications or licenses held: \_\_\_\_\_

Post Secondary Institution: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

Relationship \_\_\_\_\_

**How did you hear about Inter-Link Services?**

Please list which jobsite: \_\_\_\_\_ Referral/Other \_\_\_\_\_

## EMPLOYMENT HISTORY

<b>PAST EMPLOYER #1:</b>	<b>DATE</b>
Company Name	From                      To
Address	Position Held
City                      Province                      Postal Code	Salary/Wage
Contact Person                      Phone Number	Reason for Leaving

**APPLICANTS:** PLEASE **DO NOT** FILL THIS SECTION IN.

**Rate:** Good/Fair/Poor

**Timeliness:** \_\_\_\_\_ **Attitude/Appearance:** \_\_\_\_\_ **Employee Relations:** \_\_\_\_\_ **Customer Relations:** \_\_\_\_\_

Any Accidents/Incidents? Y / N    If yes please describe: \_\_\_\_\_

Would you rehire: Y / N    Notice Given: Y / N    WSIB Claims: Y / N    Time Lost: Y / N

**APPLICANT AUTHORIZATION:**

**I authorize the company to release all my employment information to Interlink Services for the purposes of investigation for a contracted position.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPLOYMENT HISTORY (cont'd)**

PAST EMPLOYER #2:			DATE	
Company Name			From	To
Address			Position Held	
City	Province	Postal Code	Salary/Wage	
Contact Person		Phone Number	Reason for Leaving	

**APPLICANTS: PLEASE DO NOT FILL THIS SECTION IN.**

**Rate: Good/Fair/Poor**

Timeliness: \_\_\_\_\_ Attitude/Appearance: \_\_\_\_\_ Employee Relations: \_\_\_\_\_ Customer Relations: \_\_\_\_\_

Any Accidents/Incidents? Y / N If yes please describe: \_\_\_\_\_

Would you rehire: Y / N Notice Given: Y / N WSIB Claims: Y / N Time Lost: Y / N

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**APPLICANT AUTHORIZATION:**

**I authorize the company to release all my employment information to Interlink Services for the purposes of investigation for a contracted position.**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**ACKNOWLEDGEMENT**

- I certify that all answers are true and complete to the best of my knowledge
- I authorize investigation of all statements in this application for employment as may be required in making a hiring decision
- In the event I am hired, I understand that false or misleading information provided in my application or interview may result in discharge.
- I hereby give my consent that I am available to work 40 or more hours per week

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**INTERVIEW NOTES:**

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

POSITION: \_\_\_\_\_