

K. Smart Associates Limited
Employment Application

Full-time

Part-time

Date _____

PERSONAL INFORMATION (please print in capital letters)

Name _____		
Last	First	Telephone
Address _____		
Number and Street	City	Postal Code
Email address: _____		Cell Phone: _____
Are you legally eligible to work in Canada Yes <input type="checkbox"/> No <input type="checkbox"/> Hold valid Driver's Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you between the age of 18 and 65? Yes <input type="checkbox"/> No <input type="checkbox"/>		

NOTE: All fields on application must be completed including hourly rate before an interview will be considered.

Position applied for _____	Rate of pay expected \$ _____ per hour.
Would you work Full-Time ____ Part-Time ____ Specify days and hours if part-time _____	
If your application is considered favourably, on what date will you be available to work? _____	
Have you previously been employed by K. Smart Associates? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates _____	

EMPLOYMENT HISTORY (All information to be entered - begin with most recent)

Employer Name & Address, Phone#, Email	From	To	Position Title and	Hourly Rate	Reason for Leaving
	Mth Yr	Mth Yr	Name of Supervisor	Hrs/week	
1. Employer Name			Your position / title		
			Name of Supervisor		
Address:	Describe the work you did				
Phone:					
Email:					

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Employer Name & Address, Phone#, Email	From	To	Position Title and	Hourly Rate	Reason for Leaving
	Mth Yr	Mth Yr	Name of Supervisor	Hrs/week	
2. Employer Name			Your position / title		
			Name of Supervisor		
Address:	Describe the work you did				
Phone:					
Email:					

Employer Name & Address, Phone#, Email	From	To	Position Title and	Hourly Rate	Reason for Leaving
	Mth Yr	Mth Yr	Name of Supervisor	Hrs/week	
3. Employer Name			Your position / title		
			Name of Supervisor		
Address:	Describe the work you did				
Phone:					
Email:					

Employer Name & Address, Phone#, Email	From	To	Position Title and	Hourly Rate	Reason for Leaving
	Mth Yr	Mth Yr	Name of Supervisor	Hrs/week	
4. Employer Name			Your position / title		
			Name of Supervisor		
Address:	Describe the work you did				
Phone:					
Email:					

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Employer Name & Address, Phone#, Email	From	To	Position Title and	Hourly Rate	Reason for Leaving
	Mth Yr	Mth Yr	Name of Supervisor	Hrs/week	
5. Employer Name			Your position / title		
			Name of Supervisor		
Address:	Describe the work you did				
Phone:					
Email:					

RECORD OF EDUCATION

Please indicate the highest level of education achieved to date _____

Name of School	Course of Study	Name of Diploma & Grad Mth/Year	General / Honours Program	Years in program
High School				
College				
University				
Other Certification				

Please list certificates, degrees, year obtained and special skills which you feel might help us to further evaluate your application.

REFERENCES

First and Last Name	Address	Supervisor / colleague	Years known	Phone# and Email address
1.				Phone# Email:
2.				Phone# Email:
3.				Phone# Email:

I authorize the investigation of all statements contained in this application including my former employer(s) in performing reference checks. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the Company's service if I have been employed. I agree, if employed, to abide by all Company policies and regulations.

Signature

Date

Policy on Personal Information Protection and and Electronic Documents Act

If employed all personal information collected on employment application forms, resumes, reference checks, payroll forms, enrollment forms, vehicle licensing and insurance, performance appraisals and any other form that contains personal information during the term of your employment will be held in confidence by HR in a secured location. The information will be used for payroll processing, benefits processing, insurance coverage, performance and salary reviews, and future training evaluations/assessments for upgrading skills. All personnel records will be kept confidential in HR files and destroyed according to Records of Retention Policy after employment has ended. I acknowledge that I have read, understand and agree with the company policy for using and protecting personal information.

Signature

Date