



APPLICATION FOR EMPLOYMENT

This form is to be completed in the Applicant's handwriting. Please print.

Candidates submitting personal resumes should do so to supplement, not replace, the information requested in this form.

POSITION DATA

Position applying for _____ Full time _____ Part-time _____

Days Available _____ Salary/Wage Desired _____

Current/Last Employer _____ Position _____

PERSONAL DATA

Name _____
First
Middle
Last

Address of Residence _____

Phone Number: Home _____ Cell _____

Social Insurance Number _____

Are you legally entitled to work in Canada? Yes ___ No ___

Are you 18 years of age or older? Yes ___ No ___

EMPLOYMENT HISTORY

Your total work history is required. Please list all employment beginning with the present or most recent employer. All dates are to be accounted for including periods in which you were going to school or were unemployed, traveling, etc. Use additional sheets as required.

May we contact your present employer? Yes ___ No ___. Please note that in the event we cannot contact your present employer prior to making a job offer, any offer of employment will be dependent on obtaining a satisfactory report of your employment record from this employer after the offer is made.

Company Name:	Dates Employed		Major Duties/Responsibilities	Reasons for Leaving
	From	To		
Address:				
Job Title				
Salary/Wage				
Direct Supervisor:				
Title				
Name				
Contact #				



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Job Title				
Salary/Wage				
Direct Supervisor: Title				
Name				
Contact #				

EDUCATION

Type	Institution Name and Location	Full Time/ Part Time	Area of Study	Grade/Diploma/ Degree	Dates	
					From Month/Year	To Month/Year
High School						
Vocational/ Technical College						
University						



WORK RELATED SKILLS (Licences, safety certificates etc. held (e.g. Aerial Lift, Fall Protection, First Aid, etc.))

REFERENCES

For each of your past three employers, name at least one supervisor or manager who is familiar with your work and who you authorize a Sprint Electrical Services Inc. representative to contact concerning your past employment record.

Name	Phone Number	Occupation

DECLARATION

APPLICANT PLEASE READ CAREFULLY AND SIGN

As a condition of my employment, I agree to the following:

1. I declare the information given by me in this application for employment, including the Bona Fide Occupational Requirements, is an accurate statement of the facts.
2. I authorize investigation from any source, such factual work and medical related information as may be connected with my application for employment.
3. I understand than any misrepresentation of facts shall be cause for dismissal.
4. In the event of my employment I agree to abide by all Company work related rules and regulations.
5. I understand that a medical examination by a doctor of the Company's choice, or other physician, may be required to verify that I am medically fit for employment which means that I can meet the Occupational (Health) Requirements. I consent to such an examination and understand that I am responsible for any costs associated with an examination if it is performed by a physician of my choice (in which case, the necessary forms will be provided by sprint Electrical Services Inc.

Signature _____

Date _____