



APPLICATION FOR EMPLOYMENT

(You may exclude all information indicative of age, race, religion, colour, nationality, or political affiliation)

POSITION DATA

POSITION DESIRED _____ SALARY DESIRED _____ REFERRED BY _____
 _____ FULL TIME _____ PART TIME _____ SUMMER
 DATE AVAILABLE _____ ARE YOU PRESENTLY EMPLOYED? YES NO

PERSONAL DATA

NAME _____
 LAST FIRST MIDDLE
 PRESENT ADDRESS _____
 STREET CITY POSTAL CODE
 PERMANENT ADDRESS _____
 STREET CITY POSTAL CODE
 PHONE NUMBER _____ SOCIAL INSURANCE # _____
 DATE OF BIRTH _____
 MONTH DAY YEAR
 DO YOU HAVE A VALID DRIVERS LICENSE? YES NO
 DRIVERS LICENSE # _____ CLASS _____
 ARE YOU A CANADIAN CITIZEN? YES NO
 DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? YES NO
 IF "YES", PLEASE EXPLAIN _____
 HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS? YES NO
 IF "YES", PLEASE EXPLAIN _____
 HAVE YOU RECEIVED COMPENSATION FOR INJURIES? YES NO
 IF "YES", PLEASE EXPLAIN _____
 NAME OF RELATIVE(S) EMPLOYED BY THIS COMPANY _____

WORK RELATED SKILLS

ENGLISH _____ SPEAK _____ READ _____ WRITE _____
 LIST ANY SPECIAL STUDY OR EXPERIENCE RELATED TO WORK _____

 OUTSIDE INTERESTS & ACTIVITIES _____

EDUCATION

DID YOU GRADUATE FROM SENIOR HIGH SCHOOL? YES NO
 IF NO, WHAT WAS YOUR LAST GRADE COMPLETED? 9 10 11 12 13

	NAME & LOCATION	COURSES	DID YOU GRADUATE?
COLLEGE	_____	_____	YES/NO
TRADE SCHOOL	_____	_____	YES/NO
UNIVERSITY	_____	_____	YES/NO

EMPLOYMENT HISTORY

PLEASE START WITH YOUR PRESENT OR LAST PLACE OF EMPLOYMENT

MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY NAME AND ADDRESS _____ PHONE # _____
POSITION/DUTIES _____ SALARY _____
DATE EMPLOYED _____ TO _____ REASON FOR LEAVING _____

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POSITION/DUTIES _____ SALARY _____
DATE EMPLOYED _____ TO _____ REASON FOR LEAVING _____

COMPANY NAME AND ADDRESS _____ PHONE # _____
POSITION/DUTIES _____ SALARY _____
DATE EMPLOYED _____ TO _____ REASON FOR LEAVING _____

REFERENCES

NAME THREE PERSONS NOT RELATED TO YOU/ (DO NOT LIST PRIESTS, PASTORS, OR MINISTERS)

NAME	OCCUPATION	PHONE NUMBER

APPLICATION FOR EMPLOYMENT DECLARATION

(APPLICANT PLEASE READ CAREFULLY AND SIGN)

THANK YOU FOR TAKING THE TIME TO APPLY AT BROOKS INDUSTRIAL METALS LTD.
PLEASE MAKE SURE THAT YOU CAREFULLY READ AND FILLED IN AS MANY OF THE ABOVE QUESTIONS AS YOU COULD.

- 1) I DECLARE THE INFORMATION GIVEN BY ME IN THIS APPLICATION FOR EMPLOYMENT IS AN ACCURATE STATEMENT OF THE FACTS.
- 2) I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS SHALL BE CAUSE FOR DISMISSAL.
- 3) IN THE EVENT OF MY EMPLOYMENT I AM TO UNDERGO AND PASS A PRE-EMPLOYMENT DRUG TEST BEFORE BEING ACCEPTED AS AN EMPLOYEE AT BROOKS INDUSTRIAL METALS LTD.
- 4) IN THE EVENT OF MY EMPLOYMENT I AGREE TO ABIDE BY ALL WORK RELATED RULES, REGULATIONS, AND ALL COMPANY AND SAFETY POLICIES IN PLACE.

SIGNATURE OF APPLICANT

DATE
