

# BURKE'S RESTORATION

## APPLICATION FOR EMPLOYMENT

ATTN: GARY FOCKLER

FAX: 905-895-2460

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, record of offences, handicap, or other protected status.

### PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME / CELL PHONE NUMBERS	E-MAIL ADDRESS	ARE YOU EMPLOYED NOW ? YES ( ) NO ( )
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES ( ) NO ( )	HAVE YOU WORKED HERE BEFORE? YES ( ) NO ( ) IF YES, WHEN?	
IF HIRED, WHEN CAN YOU START WORK?	DO YOU HAVE A VEHICLE TO GET TO WORK ? YES ( ) NO ( ) YEAR MAKE MODEL DRIVER'S LICENSE NO.	
ARE YOU BONDABLE? YES ( ) NO ( )	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES ( ) NO ( )	
ARE YOU 18 YEARS OF AGE OR OLDER? YES ( ) NO ( )	DO YOU WANT TO WORK - FULL-TIME PART-TIME TEMPORARY	
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?		

### EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
YEAR LAST ATTENDED																				
LEVEL COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED																				
COURSES OF STUDY																				
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION																				

**EDUCATION LEVELS ACHIEVED AND DEGREES OBTAINED ARE SUBJECT TO VERIFICATION  
IF AN OFFER OF EMPLOYMENT IS EXTENDED**

## WORK HISTORY

LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES & RESPONSIBILITIES			
PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES & RESPONSIBILITIES			
PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr) To (Mo/Yr)	FINAL SALARY
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES & RESPONSIBILITIES			
MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?		MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE?	
YES ( )    NO ( )		YES ( )    NO ( )	

**PLEASE READ CAREFULLY**

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_