



**PACIFIC WEST SYSTEMS SUPPLY LTD.
APPLICATION FOR EMPLOYMENT**

DATE: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ S.I.N.: _____

IN CASE OF EMERGENCY CONTACT: _____

RELATION TO YOU: _____ PHONE: _____

POSITION APPLYING FOR: _____ RATE DESIRED: _____

WHEN AVAILABLE: _____ VALID DRIVERS LICENCE CLASS _____

PREVIOUS WORK EXPERIENCE (LIST LAST EMPLOYMENT FIRST)

DATE	COMPANY / ADDRESS	POSITION	REASON FOR LEAVING

REFERENCES

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

DO YOU HAVE ANY ALLERGIES OR MEDICAL INFORMATION THAT COULD POTENTIALLY AFFECT YOUR ABILITY TO PERFORM THE JOB THAT YOU ARE APPLYING FOR? YES NO

IF YES PLEASE EXPLAIN: _____

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE, CORRECT, SHOULD ANY STATEMENTS BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.

DATE: _____ SIGNED: _____

ALL NEWLY HIRED EMPLOYEES ARE SUBJECT TO A THREE MONTH PROBATIONARY PERIOD

OFFICE STAFF ONLY

POSITION: _____ STARTING RATE: _____

START RATE: _____ Br. _____