

# INDUSTRIAL MECHANICAL AUTOMATION

376 Turk Rd. Group Box 23, Vernonville, Ontario K0K 2G0  
Office: 905-344-7851 Fax: 905-344-7116



## Application for Employment

Position applied for \_\_\_\_\_ Date available \_\_\_\_\_

\_\_\_\_\_  
Last name First name(s)

\_\_\_\_\_  
Street address City State/Province Zip/Postal code

\_\_\_\_\_  
Telephone (include area code) Fax E-mail

Are you applying for:  Full-time  Part-time  Temporary

Hours available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

### Work experience (Please list most recent first)

**1** Position \_\_\_\_\_ Dates of employment \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

2 Position \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact this  
employer?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

3 Position \_\_\_\_\_ Dates of employment \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Beginning pay \_\_\_\_\_ Ending pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact this  
employer?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_

List other relevant work experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education/training**

List secondary and post-secondary education including course of study, and degree or diploma received (highest level achieved first)

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List other relevant training (most recent first)

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**Other activities**

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

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**Personal references**

Please provide three reference contacts other than family members or people you have previously worked with

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Name	Telephone
	Occupation

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Name	Telephone
	Occupation

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Name	Telephone
	Occupation

Is there anything else you would like to tell us about yourself?

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I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

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Signature

Date