



Paper Chase Bottle Exchange Ltd.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you 16 years or more? YES NO Are you legally eligible to work in Canada? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you willing to complete a criminal record check? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Work Related Skills & Certifications

Describe any of your work-related skills, experience or training that relates to the position being applied for.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Mandatory Qualifying Information

Do you have excellent customer service skills?? YES NO

Are you a team player? YES NO

Do you have excellent Math and Number Skills?? YES NO

Are you available to work any & all shifts? YES NO

If no, please explain: _____

Certifications

WHMIS? YES NO Forklift? YES NO
If yes, include Expiry Date _____ If yes, include Expiry Date _____

First Aid & CPR? Level - ____ YES NO
If yes, include Expiry Date _____

OH & S? YES NO
If yes, include Expiry Date _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____