

## EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First		Date
Street Address		Apartment/Unit #	
Community / City	Prov.	Postal Code	
Phone	E-mail Address		
Date Available	Social Ins. No.	Desired Salary	
Position Applied for			
Are you a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have a valid Passport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain
Do you have valid Seafarers Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain
Do you have a Marine Medical Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain

EDUCATION/TRAINING			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/ University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Training		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Cert. No.
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Cert. No.
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Cert. No.

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date