



Application for Employment

Please print

Applicant

Last name	First name	Middle name		
Address		City	Prov.	Postal code
Tel ()	Fax ()	E-mail		

Personal Information

• Have you ever been convicted of a crime which pardon has not been granted? <input type="checkbox"/> No <input type="checkbox"/> Yes	• Are you legally entitled to work in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes
• Have you previously been employed by Gas King? <input type="checkbox"/> No <input type="checkbox"/> Yes	• Are you between the ages of 15 and 65? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please explain where, when, & reason for leaving:	

Education & Training

Secondary school: Highest grade completed. <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Are you currently enrolled in secondary school? <input type="checkbox"/> No <input type="checkbox"/> Yes
Post secondary: Year completed. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Are you currently enrolled in a post secondary institution? <input type="checkbox"/> No <input type="checkbox"/> Yes
Course details:	
Other: Describe any seminars & work related training that you have had that relate to the position you are applying for.	

Employment

List employers in consecutive order, beginning with your current or last employer. If you are presently employed, may we contact your current employer? No Yes

1. Company name		Address			
Last position held	Supervisor's name	Tel ()	Period of employment	Month	Year
Reason for leaving?				From:	
				Month	Year
				To:	
				Month	Year
2. Company name		Address			
Last position held	Supervisor's name	Tel ()	Period of employment	Month	Year
Reason for leaving?				From:	
				Month	Year
				To:	
				Month	Year
3. Company name		Address			
Last position held	Supervisor's name	Tel ()	Period of employment	Month	Year
Reason for leaving?				From:	
				Month	Year
				To:	
				Month	Year

Availability

Date you can start:	Day	Month	Year	Position being applied for:		
			2 0			
Please indicate the days & time of day you are available for work :						
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From:						
To:						

Agreement

The information that I have provided on this application for employment is true & correct. I understand that a false statement may disqualify me from employment or be cause for my dismissal. I authorize Gas King Oil Co. Ltd., its affiliates or a third party to investigate all facts contained in this application.

Date:	Day	Month	Year	Signature of applicant
			2 0	