



APPLICATION FOR EMPLOYMENT

Date _____

Please complete this application in as much detail as possible, even if you are also submitting a resumé. The more you write, the easier it is for us to know if you are going to fit within our company. Attach extra paper as necessary. Thank you for applying.

Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			LANGUAGES	
Name (print) _____			Engl.	French
Last	First	Middle	Spoken	<input type="checkbox"/> <input type="checkbox"/>
Address _____			Read	<input type="checkbox"/> <input type="checkbox"/>
Street			Written	<input type="checkbox"/> <input type="checkbox"/>
		Apt.	Other Languages: _____	
City _____		Postal Code _____	Telephone Number _____	

Are you currently enrolled in school or university? Yes No

Education	Name of School	Grade / Year Completed	Major	Diploma / Degree
High School				
Community College				
Business, Trade or Technical School				
University				
Other				

If employed or previously employed, please complete the following section starting with your most recent or current employer.

Name of last employer (company)		Address (street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary / Wage		References obtained
May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify immediate supervisor who would know your name.			Satisfactory Yes No
Position you held		What was her/his title? Duties and responsibilities			Tel. <input type="checkbox"/> <input type="checkbox"/> Writ. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave (or are looking to leave)?		What do you think your employer would say about you?			
What did you like most about your job?		What did you like least about your job?			

Name of previous employer (company)		Address (street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary / Wage		References obtained
Identify immediate supervisor who would know your name.		What was her/his title?			Satisfactory Yes No
Position you held		Duties and responsibilities			Tel. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?		What do you think your employer would say about you?			Writ <input type="checkbox"/> <input type="checkbox"/>
What did you like most about your job?		What did you like least about your job?			

Name of previous employer (company)		Address (street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary / Wage		References obtained
Identify immediate supervisor who would know your name.		What was her/his title?			Satisfactory Yes No
Position you held		Duties and responsibilities			Tel. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?		What do you think your employer would say about you?			Writ <input type="checkbox"/> <input type="checkbox"/>
What did you like most about your job?		What did you like least about your job?			

If necessary, list other employers on a separate sheet. This is particularly important for a fair evaluation of your work record if any of the above has been short service.

HOURS AVAILABLE TO WORK

Please place a check mark (✓) indicating each of the times you are available to work.

	MON	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

In addition to your work history, what other experiences, skills or qualifications make you a good fit for our company?

Why do you want this job?

What is your expected rate of pay?

\$ _____

Hourly Weekly

What are your personal goals?

What skills do you need to improve upon?

To be an effective employee, what must a person do or not do?

DO:

NOT DO:

Tell us about one of your success stories with a customer. What made it a success?

What events, sports, hobbies or volunteer activities are you involved in?

What are some things in a job that are important to you?

What kinds of things in a job would make it not appealing to you?

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

Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of an offence under the Criminal Code of Canada, of any other country or state, or under any statute of any Province of Canada, for which you have not been pardoned and which may have some bearing upon the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For what position are you applying?		
How did you happen to apply for a position at our store?		
Are you acquainted with anyone working at our store? (If so, please give their name, position and length of acquaintance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by Bill Howich Chrysler Ltd? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what location?	In what position?	

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in the above employment application and any document annexed to it is complete, exact and truthful in every respect. I understand that it is on the basis of the completeness, exactitude and truth of such information that any offer of employment might be extended. I understand and accept that any omission or untruth in these respects shall be considered sufficient cause for dismissal.

I hereby consent to the conduct of a personal background check by Bill Howich Chrysler or their agents in connection with this application, relating to the position for which I am applying.

I agree that Bill Howich Chrysler can contact the above work references and work history employers.

I consent to the release and communication to Bill Howich Chrysler or their agents of any information, whether personal information or otherwise, contained in any file that any former employer, learning institution or enterprise may have or may have had about me that relates to this application.

I understand that any offer of employment is conditional upon my successfully passing a probationary period for the first 3 months worked, during which time I can be terminated at the discretion of Bill Howich Chrysler without notice or severance pay. After that, I agree that as full entitlement for notice or severance pay will be the full notice or pay in lieu of notice, if any, required by the Provincial Employment Standards Act.

The retail market requirements for scheduling of work and how this may affect my hours have been explained to me. I realize that my employment may be terminated if I refuse to accept a day or shift assignment that I have previously agreed to work. Reasonable accommodation, short of undue hardship, will be made for mandatory religious observance.

Furthermore, if hired, I agree and promise to respect and adhere to all Bill Howich Chrysler policies and regulations, and that if and when required shall enroll in other required benefits as soon as I become eligible.

All of the above forms constitute an integral part of my Application for Employment, dated _____

I have carefully read, and agree to the above.

Signature

Date and Place of Signature

Social Insurance Number (optional)
