

# APPLICATION FOR EMPLOYMENT DEVITT & FORAND

NAME: \_\_\_\_\_  
SURNAME GIVE NAME & INITIAL

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY OR TOWN

PROVINCE POSTAL CODE

TELEPHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
YEAR MONTH DAY

SOCIAL INSURANCE No.: \_\_\_\_\_

TYPE OF WORK YOU ARE APPLYING FOR: \_\_\_\_\_

EXPECTED RATE OF PAY: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

DO YOU HAVE W.H.M.I.S. WORKER EDUCATION CERTIFICATE? YES \_\_\_\_, NO \_\_\_\_, IF YES, WHAT IS YOUR CERTIFICATE NUMBER? \_\_\_\_\_

HAVE YOU EVER HAD A WCB CLAIM: YES \_\_\_\_, NO \_\_\_\_, IF YES WHAT TYPE OF INJURY DID YOU HAVE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_  
SURNAME GIVEN NAME & INITIAL

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT HISTORY:**

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_ DATE FINISHED: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_ DATE FINISHED: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_ DATE FINISHED: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_