

**PACIFIC WEST SYSTEMS SUPPLY LTD.  
APPLICATION FOR EMPLOYMENT**

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

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ RATE DESIRED: \_\_\_\_\_

WHEN AVAILABLE: \_\_\_\_\_ VALID DRIVERS LICENCE CLASS \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE (LIST LAST EMPLOYMENT FIRST)**

DATE	COMPANY / ADDRESS	POSITION	REASON FOR LEAVING

**REFERENCES**

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

DO YOU HAVE ANY ALLERGIES OR MEDICAL INFORMATION THAT COULD POTENTIALLY AFFECT YOUR ABILITY TO PERFORM THE JOB THAT YOU ARE APPLYING FOR?      YES              NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE, CORRECT, SHOULD ANY STATEMENTS BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.**

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

**ALL NEWLY HIRED EMPLOYEES ARE SUBJECT TO A THREE MONTH PROBATIONARY PERIOD**

**OFFICE STAFF ONLY**

POSITION: \_\_\_\_\_ STARTING RATE: \_\_\_\_\_

START RATE: \_\_\_\_\_ Br. \_\_\_\_\_