



<b>2. COMPANY NAME</b>		TELEPHONE # (    )	
STREET ADDRESS		CITY	PROVINCE                      POSTAL CODE
TYPE OF BUSINESS	NATURE OF DUTIES FROM START TO TIME OF LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.)		
POSITION			
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP.			
SALARY START \$                      FINAL \$			
EMPLOYED (MONTH AND YEAR) FROM:	REASON FOR LEAVING	IMMEDIATE SUPERVISOR	
TO:		NAME	
# OF PEOPLE YOU SUPERVISED:		TITLE	

<b>3. COMPANY NAME</b>		TELEPHONE # (    )	
STREET ADDRESS		CITY	PROVINCE                      POSTAL CODE
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EMPLOYED (MONTH AND YEAR) FROM:	REASON FOR LEAVING	IMMEDIATE SUPERVISOR	
TO:		NAME	
# OF PEOPLE YOU SUPERVISED:		TITLE	

Account For Your Time During Any Interval Of Unemployment Other Than When You Were Attending School (You May Decline to List Any Illnesses Or Leaves Of Absence Related To Disability)	
<b>OTHER TIME:</b>	
Date (Month and Year)	Explanation
From                      To	
From                      To	

<b>REFERENCES:</b> <b>PLEASE PROVIDE 2-3 REFERENCES (preferably from people you reported to)</b>				
Name <small>Include First Name Or Initials</small>	Title	Telephone	email	Relationship
1				
2				
3				

**ADDITIONAL INFORMATION:** Co-op background, interests, extra-curricular activities, special skills such as equipment operated, languages spoken/written, computer skills, academic achievements, scholarships etc. (you may decline to list organizations that would depict your race, religion, ancestry or disabilities)

I consent to provide work related references, complete a criminal record check or any other verification that may be required as it relates to the position I am being considered for. In signing this application for, I understand that any misrepresentation or omission of facts is cause for cancellation of the application or termination of employment.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>	<b>/2019</b>
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