



Kimberley Seldon
DESIGN GROUP

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City Province Postal Code

Telephone # () _____ Other Phone # () _____ Email _____

Referred by _____

Position(s) applied for _____ Date available _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Salary desired _____

Are you legally eligible for employment in this country? Yes No

Languages: English French Other _____

Are you available to work overtime if required? Yes No

Are you available to work weekends if required? Yes No

Have you been employed at this company before? Yes No
 If yes, when? _____ and at what location? _____

As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes No

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, Province	GRADUATED?	DEGREE(s)/DIPLOMA(s)
			EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

What was the best job you've ever had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

Who was the best supervisor or manager you've had? What characteristics made that person a good manager? _____

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager? _____

What are your greatest strengths? _____

As your skills and abilities relate to your work experiences, what are the areas for improvement? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most DISLIKE in co-workers? _____

If you won five million dollars in the lottery, would you choose to work? What would you do with your time? _____

What was the funniest thing that ever happened to you at work? _____

What do you think is the most difficult part of sales / customer service work? _____

Imagine you have been on your feet and working hard all day. A customer you are assisting is rude and impatient, what do you do?

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

I authorize you and your organization to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in Canada.

Applicant's Signature _____ **Date** _____



Kimberley Seldon

DESIGN GROUP