

**A. Personal Information**

**Name:**

**Address:**

**Telephone No:**

**E-mail Address:**

**Social Insurance No:**

**In an emergency, please contact:**

**Do you have any computer knowledge?**

**Have you participated in any training programs or certificate courses?**

**B. Driver Information**

Which license(s) do you possess?

A	B	C	D	G	Z
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's License No:

Years Experience: *City*  *Hwy*

Estimated KM Driven:

I own a vehicle: *Model*  *Year*

**C. General Information**

I own safety shoes: *Yes*  *No*

I can handle items ≥ 50 pounds: *Yes*  *No*

I can work in a cooler: *Yes*  *No*

I can work in a freezer: *Yes*  *No*

I can operate a forklift: *Yes*  *No*

What types and how long?

**D. Availability**

Which days are you available?	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can work shifts: *Days*  *Afternoons*  *Nights*



**F. Previous Employers**

**Company Name / Position:** \_\_\_\_\_

**Superior Name / Telephone No:** \_\_\_\_\_

**Dates:**                      *Start* \_\_\_\_\_                      *Finish* \_\_\_\_\_

**Final Pay Rate:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name / Position:** \_\_\_\_\_

**Superior Name / Telephone No:** \_\_\_\_\_

**Dates:**                      *Start* \_\_\_\_\_                      *Finish* \_\_\_\_\_

**Final Pay Rate:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name / Position:** \_\_\_\_\_

**Superior Name / Telephone No:** \_\_\_\_\_

**Dates:**                      *Start* \_\_\_\_\_                      *Finish* \_\_\_\_\_

**Final Pay Rate:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **G. Authorization**

**By submitting this form, I hereby certify that to the best of my knowledge and belief the statements made by me in this application are correct. I also authorize Helpfast, a division of Sturgeon Kennedy Personnel Inc., complete access to any or all individuals or government ministries pertaining to this application for the sole purpose of referral and /or verification of information stated herein.**

Signature\_\_\_\_\_

Date\_\_\_\_\_