

CCSI

Website: www.centralcanadian.com
 Email: apply@centralcanadian.com
 2-535 George Ave, Winkler, MB R6W 0J4
 Phone: (204) 325-0432 ~ Fax: (866) 963-2179

Given Names (in full)	<input type="text"/>		
Surname (last name)	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Home Phone #	<input type="text"/>
Province	<input type="text"/>	Cell Phone #	<input type="text"/>
Postal Code	<input type="text"/>	Other contact #	<input type="text"/>
		Work Phone #	<input type="text"/>
Email Address:	<input type="text"/>		
May we contact you at your current place of employment?			Y <input type="radio"/> N <input type="radio"/>
Have you filed a previous application with CCSI?			Y <input type="radio"/> N <input type="radio"/>
Are you legally employable in Canada?			Y <input type="radio"/> N <input type="radio"/>
Are you bondable?			Y <input type="radio"/> N <input type="radio"/>
Driver's license class (If applicable)	<input type="text"/>	Air Endorsement	Y <input type="radio"/> N <input type="radio"/>
If you are a student, will you be returning to school on a full-time basis?			Y <input type="radio"/> N <input type="radio"/>
Dates available from	<input type="text"/>	to	<input type="text"/> (mm/dd/yy)
List occupations in which you prefer to work	<input type="text"/>		
	<input type="text"/>		
Will you consider other types of work?			Y <input type="radio"/> N <input type="radio"/>
List any occupations for which you are qualified but will not accept	<input type="text"/>		
List communities or areas in which you would like to work	<input type="text"/>		
Do you have any disabilities which could affect your ability to do the type of work you are seeking?			Y <input type="radio"/> N <input type="radio"/>
If Yes, please explain.	<input type="text"/>		
Is there any type of environment in which you cannot work? (eg. dusty, noisy, etc)	<input type="text"/>		

Employment Detail: List most recent employer first.

Employer#1 City/Province

Job Title

Supervisor Income

Employer's Phone# Dates employed (mm/yy) from to

Duties

Reason for leaving

May we contact this employer for a reference? Y N

Employer#2 City/Province

Job Title

Supervisor Income

Employer's Phone# Dates employed (mm/yy) from to

Duties

Reason for leaving

May we contact this employer for a reference? Y N

Employer#3 City/Province

Job Title

Supervisor Income

Employer's Phone# Dates employed (mm/yy) from to

Duties

Reason for leaving

May we contact this employer for a reference? Y N

Employer#4 City/Province

Job Title

Supervisor Income

Employer's Phone# Dates employed (mm/yy) from to

Duties

Reason for leaving

May we contact this employer for a reference? Y N

References: Refer to people who know you and your work well.

Name	Phone#	How Known

How much weight would you be able to handle repetitively?

- 0-5 kg
 6-10 kg
 11-15 kg
 16-20 kg
 21-30 kg
 31-40 kg

Would you consider relocating? Y N

Are you willing to travel in your job? Y N

Hourly wage required:

Will you accept work which is: (Check all that apply)

- Part-time (5-20 hrs per week)
 Permanent (long term)
 Part-time (20-35 hrs per week)
 Temporary (short term)
 Full-time (35+ hrs per week)

Will you be available to work: (check all that apply)

- Monday Less than 8 hrs per day
 Tuesday 8 hr shifts
 Wednesday 10 hr shifts Day shift (eg. 7AM to 3:30 PM, 9 AM to 5 PM)
 Thursday Saturday 12 hr shifts Afternoon/evening shift (eg. 3 PM to 11:30 PM)
 Friday Sunday Overtime Night Shift (eg. 11 PM to 7:30 AM, 12 AM to 8:30 AM)

Thank you for registering with CCSI
 Information from this application may be made available to employers for their use in recruiting candidates for employment.

Please select the amount of information that CCSI can release to a prospective employer, , on your behalf, without first contacting you.

- Release **any** required information.
 Release **no** information.
 Release all information required, **excluding** any information that might indicate your identity - such as contact information, your present and past employers and your references.

In order to process your application, the following authorization must be signed

I certify that all information provided in this application is correct.

Signature
(or type full name)

Date

CCSI does not accept liability or responsibility for any errors.