



Application for Employment

Given Names (in full)

Surname (last name)

Address

City

Province

Postal Code

Home Phone #

Cell Phone #

Other contact #

Work Phone #

Email Address:

May we contact you at your current place of employment? Y N

Have you filed a previous application with CCSI? Y N

Are you legally employable in Canada? Y N

Are you bondable? Y N

Air Endorsement Y N

If you are a student, will you be returning to school on a full-time basis? Y N

Driver's license class (If applicable)

Dates available from

to (mm/dd/yy)

List occupations in which you prefer to work

Will you consider other types of work? Y N

List any occupations for which you are qualified but will not accept

List communities or areas in which you would like to work

Do you have any disabilities which could affect your ability to do the type of work you are seeking? Y N

If Yes, please explain.

Is there any type of environment in which you cannot work? (eg. dusty, noisy, etc)

Grade school/High School: Last grade successfully completed

G.E.D Equivalency: Equivalent to grade

Post Secondary Education:

*Type: F=full-time; P=Part-time; S=Seminar; A=Apprenticeship

School 1

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**School 2**

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**School 3**

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**School 4**

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**School 5**

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**School 6**

School Attended

Course name or Degree

Duration

Still Enrolled

 Y N

*Type

Completed Successfully

 Y N**Employment History Summary:**

List entire work history starting with most recent Occupation / Job Title - (Do not include your employer's name in this section)

Occupation 1

Occupation / Job Title

From mm/yy

To mm/yy

Hours per Week

Occupation 2

Occupation / Job Title

From mm/yy

To mm/yy

Hours per Week

Occupation 3

Occupation / Job Title

From mm/yy

To mm/yy

Hours per Week

Occupation 4

Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 5			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 6			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 7			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 8			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 9			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week
Occupation 10			
Occupation / Job Title	From mm/yy	To mm/yy	Hours per Week

Skills and abilities:

Include office equipment operated, computer languages and programs used, mechanical equipment operated, tools used, and languages spoken. Also include any other skill or abilities that you would like us to consider.

Employment Detail:

List most recent employer first.

Employer 1

Company

City/Province Job Title Supervisor

Income Employer's Phone # From To

Duties Reason for leaving May we contact this employer for a reference?
 Y N

Employer 2

Company

City/Province Job Title Supervisor

Income	Employer's Phone #	From	To
_____	_____	_____	_____
Duties		Reason for leaving	May we contact this employer for a reference?
_____		_____	<input type="radio"/> Y <input type="radio"/> N

Employer 3

Company _____

City/Province	Job Title	Supervisor	
_____	_____	_____	
Income	Employer's Phone #	From	To
_____	_____	_____	_____
Duties		Reason for leaving	May we contact this employer for a reference?
_____		_____	<input type="radio"/> Y <input type="radio"/> N

Employer 4

Company _____

City/Province	Job Title	Supervisor	
_____	_____	_____	
Income	Employer's Phone #	From	To
_____	_____	_____	_____
Duties		Reason for leaving	May we contact this employer for a reference?
_____		_____	<input type="radio"/> Y <input type="radio"/> N

References:

Refer to people who know you and your work well.

Reference 1

Name	Phone #	How Known
_____	_____	_____

Reference 2

Name	Phone #	How Known
_____	_____	_____

Reference 3

Name	Phone #	How Known
_____	_____	_____

How much weight would you be able to handle repetitively?

- 0-5 kg
 11-15 kg
 21-30 kg
 6-10 kg
 16-20 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)
 Temporary (short term)
 Permanent (long term)
 Full-time (35+ hrs per week)
 Part-time (20-35 hrs per week)

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

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

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.