



APPLICATION FOR EMPLOYMENT

Date of Application / /

This application will be considered active for 30 days, for consideration after 30 days you must reapply.

Personal Information

Last Name		First		Middle		Social Insurance Number										
Home Address				City		Province		PC		Home Phone ()						
Position applying for:				Date available:				Availability								
								Day	Sun	Mon	Tues	Wed	Thur	Fri	Sat	
Are you over 25 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>				Date of birth				From								
Schedule Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				Salary Expectations:				To								
Language Skills:																
Have you ever been employed by River City Logistics? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____																
How were you referred to our company? _____																

Education

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Degree or Diploma Received?
High School				
Business Trade/ Other				
College				

Legal

Are you a Canadian citizen or do you have a legal right and necessary documents to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you ever discharged by any company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name of company(ies) and reason for discharge _____ _____

Employment

Start with your present or most recent employer

Employer Name	Street Address	City	Prov	Phone Number ()
Supervisor Name & Title	Employed From _____ to _____			Position Held:
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving: _____		Weekly Pay: Begin _____ End _____	
Employer Name	Street Address	City	Prov	Phone Number ()
Supervisor Name & Title	Employed From _____ to _____			Position Held:
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving: _____		Weekly Pay: Begin _____ End _____	

Employer Name	Street Address	City	Prov	Phone Number ()
Supervisor Name & Title	Employed From _____ to _____		Position Held:	
May we contact? Yes ___ No ___	Reason for leaving: _____		Weekly Pay: Begin ___ End ___	

Employer Name	Street Address	City	Prov	Phone Number ()
Supervisor Name & Title	Employed From _____ to _____		Position Held:	
May we contact? Yes ___ No ___	Reason for leaving: _____		Weekly Pay: Begin ___ End ___	

Employer Name	Street Address	City	Prov	Phone Number ()
Supervisor Name & Title	Employed From _____ to _____		Position Held:	
May we contact? Yes ___ No ___	Reason for leaving: _____		Weekly Pay: Begin ___ End ___	

References

Business reference (please indicate if you were employed under a different name)

Name	Business	Title	Work Phone	Years Known

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

Independent Contractor Information	
Legal Business Name:	_____
Workers Compensation Account #:	_____
Corporation #:	_____
Business Number :	_____
Contact:	_____
Work Desired and availability:	_____