

benlan Inc.

APPLICATION FOR EMPLOYMENT

Please Print Neatly

PERSONAL INFORMATION:

SURNAME		FIRST	MIDDLE	DATE	
ADDRESS	STREET		CITY	PROVINCE	POSTAL CODE
HOME PHONE		CELL PHONE		E-MAIL	

GENERAL INFORMATION:

POSITION APPLIED FOR:	DATE AVAILABLE: MM/DD/YYYY	WAGES EXPECTED: \$
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> DAY SHIFT: 7:00am – 7:00pm <input type="checkbox"/> NIGHT SHIFT: 7:00pm – 7:00am	
ARE YOU BONDABLE? (Answer only if related to job applying for) YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT SOURCE REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Internet Ad <input type="checkbox"/> A Benlan Employee _____ <input type="checkbox"/> You are a former Benlan Employee <input type="checkbox"/> Friend/Acquaintance/Family Member _____ <input type="checkbox"/> Other _____	
MAY WE CONTACT YOUR PRESENT / MOST RECENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HAVE ANY RELATIVES WORKING AT BENLAN? NO <input type="checkbox"/> YES <input type="checkbox"/> NAME OF EMPLOYEE: _____ RELATIONSHIP: _____		
HAVE YOU EVER BEEN EMPLOYED BY BENLAN? NO <input type="checkbox"/> YES <input type="checkbox"/> Job Title: _____ Supervisor: _____ Dates Worked: _____ to _____		
HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS (Do not list clubs or organizations of a religious, racial, political or national character):		

EDUCATION:

	HIGHEST GRADE COMPLETED	LENGTH OF COURSE	MAJOR SUBJECT	DIPLOMA/DEGREE AWARDED
SECONDARY SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
BUSINESS, TRADE OR TECHNICAL SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
COMMUNITY COLLEGE /UNIVERSITY				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
ADDITIONAL COURSES SEMINARS, WORKSHOPS:				
DESCRIBE YOUR WORK-RELATED SKILLS, EXPERIENCE OR TRAINING APPLICABLE TO THE POSITION APPLIED FOR:				

EMPLOYMENT (Start with your present / most recent employer):

COMPANY NAME	EMPLOYED FROM	WAGES \$	PRESENT/LAST JOB TITLE
ADDRESS	TO		
	TYPE OF BUSINESS	DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	SUPERVISOR		

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ADDRESS	TO		
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COMPANY NAME	EMPLOYED FROM	WAGES \$	PRESENT/LAST JOB TITLE
ADDRESS	TO		
	TYPE OF BUSINESS	DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	SUPERVISOR		

REFERENCES (List a minimum of 2 previous supervisors or managers):

NAME	RELATIONSHIP	TELEPHONE	OFFICE USE ONLY
OCCUPATION			
NAME	RELATIONSHIP	TELEPHONE	OFFICE USE ONLY
OCCUPATION			
NAME	RELATIONSHIP	TELEPHONE	OFFICE USE ONLY
OCCUPATION			

ALL PERSONAL INFORMATION COLLECTED BY BENLAN INC. IS PROTECTED UNDER PRIVACY LEGISLATION. APPLICATIONS ARE RETAINED FOR SIX MONTHS. YOUR SIGNATURE INDICATES CONSENT FOR THE INFORMATION COLLECTED HEREIN TO BE USED IN OUR SELECTION PROCESS FOR POTENTIAL EMPLOYMENT OPPORTUNITIES.

ADDITIONALLY YOU DECLARE THAT:
 "THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. I FURTHER UNDERSTAND THAT IF THIS POSITION REQUIRES A VALID DRIVER'S LICENSCE, PROOF THEREOF WILL BE REQUIRED AFTER HIRE."

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

INTERVIEWER'S COMMENTS

INTERVIEWER _____