

BrunswickSteel

APPLICATION FOR EMPLOYMENT

(Complete in Full)

Position or Type of Work Desired: _____

PERSONAL INFORMATION

| | | | | | | | | | |
|---|--|--|------------|---|--|-------------|--|-------------|--|
| FAMILY NAME | | | FIRST NAME | | | MIDDLE NAME | | | |
| PRESENT ADDRESS | | | | | | | | | |
| Street | | | City | | | Prov. | | Postal Code | |
| PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) | | | | | | | | | |
| HOME TELEPHONE NUMBER | | | | OTHER NUMBERS AT WHICH YOU MAY BE CONTACTED | | | | | |
| E-MAIL | | | | | | | | | |
| ARE YOU WILLING TO WORK SHIFT WORK? | | | | | DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? | | | | |
| ARE YOU CURRENTLY WORKING NOW? | | | | | | | | | |
| HOW DID YOU COME IN CONTACT WITH BRUNSWICK? | | | | | | | | | |

EMPLOYMENT PREFERENCES AND LIMITATIONS

| | | | | | | | | |
|---|--|--|--|--|--------------------------------|--|--|--|
| TYPE OF EMPLOYMENT SOUGHT (Check all that apply) | | | <input type="checkbox"/> PERMANENT | <input type="checkbox"/> TEMPORARY | EXPECTED SALARY | | | |
| | | | <input type="checkbox"/> PART-TIME | <input type="checkbox"/> SUMMER | <input type="checkbox"/> CO-OP | | | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? | | | | ARE YOU BONDABLE? | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| DATE AVAILABLE TO START | | | HAVE YOU BEEN EMPLOYED BY BRUNSWICK BEFORE? | | | | | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| IF SO, WHAT POSITION DID YOU HOLD & WHEN? | | | | | | | | |
| | | | | | | | | |
| DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITIES, HEALTH PROBLEMS, OR ALLERGIES THAT YOU WISH TO BE TAKEN INTO CONSIDERATION WHEN DETERMINING JOB PLACEMENT? | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

EMPLOYMENT HISTORY

LIST THE NAMES OF EMPLOYERS, STARTING WITH THE MOST RECENT

| | | | |
|--------------------------|-------------------|------------------|----------------|
| NAME AND LOCATION | | FROM (MO. & YR.) | TO (MO. & YR.) |
| YOUR JOB TITLE | SUPERVISOR'S NAME | STARTING SALARY | FINAL SALARY |
| DUTIES & ACCOMPLISHMENTS | | | |
| | | | |
| REASON FOR LEAVING | | | |
| NAME AND LOCATION | | FROM (MO. & YR.) | TO (MO. & YR.) |
| YOUR JOB TITLE | SUPERVISOR'S NAME | STARTING SALARY | FINAL SALARY |
| DUTIES & ACCOMPLISHMENTS | | | |
| | | | |
| REASON FOR LEAVING | | | |
| NAME AND LOCATION | | FROM (MO. & YR.) | TO (MO. & YR.) |
| YOUR JOB TITLE | SUPERVISOR'S NAME | STARTING SALARY | FINAL SALARY |
| DUTIES & ACCOMPLISHMENTS | | | |
| | | | |
| REASON FOR LEAVING | | | |
| NAME AND LOCATION | | FROM (MO. & YR.) | TO (MO. & YR.) |
| YOUR JOB TITLE | SUPERVISOR'S NAME | STARTING SALARY | FINAL SALARY |
| DUTIES & ACCOMPLISHMENTS | | | |
| | | | |
| REASON FOR LEAVING | | | |

ACTIVITIES

WHAT ARE YOUR HOBBIES, FAVOURITE RECREATIONAL ACTIVITIES AND OTHER OUTSIDE INTERESTS? (WITHOUT MENTIONING THE NAMES OF ORGANIZATIONS OF RACIAL, RELIGIOUS, OR ETHNIC CHARACTER)

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| |

BrunswickSteel

REFERENCES

PLEASE LIST FORMER EMPLOYERS WHO HAD AN OPPORTUNITY TO CLOSELY OBSERVE OR SUPERVISE YOUR WORK

| | | | |
|----------|---------|--------------------|----------------|
| A | NAME | POSITION | |
| | ADDRESS | BUSINESS TELEPHONE | HOME TELEPHONE |
| B | NAME | POSITION | |
| | ADDRESS | BUSINESS TELEPHONE | HOME TELEPHONE |
| C | NAME | POSITION | |
| | ADDRESS | BUSINESS TELEPHONE | HOME TELEPHONE |

I hereby:

- a) declare that the information contained in this application is correct and that I have not made any false statements.
- b) consent that the company and/or a Personal Reporting Agency may verify the information provided and obtain any other information relevant to this application. This information may be obtained by telephone or in writing from educational institutions, my current or former employers, financial institutions, personal information agents and my personal references. This consent is valid during the consideration of my application for employment, and if I am hired, for the duration of my employment.
- c) agree that if employed by the company that during the first one month (30 days) of my employment I shall be considered a temporary or probationary employee. During this period either I (the employee) or the company (the employer) may terminate my employment without notice.

Note: The withholding or falsification of any information or material facts relevant to the application will be cause for rejection or dismissal.

SIGNATURE

DATE

To the applicant:
 Your application will be kept on file for 90 days, after which your information will be destroyed and you must submit a new application. The information which you have supplied, and any other information obtained, will be used solely for the assessment of your application for employment. Your application will be kept by the Management Team, and, if you are hired, will become part of your employee file. Your file will be retained in locked cabinets in the Human Resources Manager's Office, and may be accessed by Management. You may access your file by appointment with a representative of the company upon written request. If there are mistakes in your file, you have the right to ask for them to be corrected.