

ACTION BOX CO.

EMPLOYMENT APPLICATION

Please Print Clearly

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

Date: _____

Position applied for _____ Rate of pay expected \$ _____ per hour

Would you work Full - Time _____ Part – Time _____ If yes, when? _____

Did we previously employ you? Yes_ No ____ If yes, when? _____

If your application is considered favorably, on which date will you be available to work? _____

PERSONAL

Name _____ Telephone Number _____

Last
First
Middle

Present Address _____

No.
Street
City
Province
Postal Code

EMPLOYMENT HISTORY - List below present and past employment, beginning with your most recent

1.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

2.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

3.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer 1 Yes _____ No _____ Employer 2 Yes _____ No _____ Employer 3 Yes _____ No _____

Are there any other job-related experiences, skills or qualifications that will be of special benefit in the job for which you are applying? (Do not list any activities denoting race, color, ancestry, nationality, place of origin, religion, creed, sex, sexual orientation, age, handicap or disability, marital status, family status, civil status, source of income, political belief, language, and convictions for which a pardon has been received or which are unrelated to the employment.)

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number

Are you Bondable? _____

May we telephone you to follow up on this application at home? Yes _ No _____.

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes _ No _____.

If yes, what is the best time to call? _____

PLEASE READ AND SIGN BELOW

The facts that are outlined above on my applications are true and complete. I understand that if I am hired, any false statements on this application shall be deemed to be cause for immediate dismissal.

Signature of Applicant

To submit application fax to 604-857-1665 or email to apply@actionbox.ca

IMPORTANT NOTICE: Legislation prohibits discrimination in employment because of race, color, ancestry, nationality, place of origin, ethnic origin, religion, creed, sex, sexual orientation, age handicap or disability, marital status, family status, civil status, source of income, political belief, language, and convictions for which a pardon has been received or which are unrelated to the employment, and any inquiries, verbal or written, which would require an applicant or employee to disclose information about these areas, are strictly prohibited. Note: Not all grounds are applicable in all provinces and there may be certain additional grounds that are prohibited in single provinces not listed above. If you are uncertain, please consult legal counsel.