



APPLICATION FOR EMPLOYMENT

First Name _____ Last Name _____

Date of Application _____

Date of Birth _____ Driver's License No. _____ Class _____

Phone Number _____ Cell Number _____

Current Address _____
Number Street

City _____ Province _____ Postal Code _____

Position Applying For: _____

EMPLOYMENT RECORD

LAST EMPLOYER:

Name _____

Contact _____ Phone _____

From _____ To _____

Reasons for Leaving _____

LAST EMPLOYER:

Name _____

Contact _____ Phone _____

From _____ To _____

Reasons for Leaving _____



LAST EMPLOYER:

Name _____

Contact _____ Phone _____

From _____ To _____

Reasons for Leaving _____

LAST EMPLOYER:

Name _____

Contact _____ Phone _____

From _____ To _____

Reasons for Leaving _____

EDUCATION/TRADE COMPLETED

TO BE READ AND VERIFIED BY APPLICANT

By typing your name on the following line certifies that this application was completed by you. It also certifies that all entries and information within this form are true, and complete to the best of your knowledge.

Applicant's Legal Name _____ Date _____

Please attach drivers abstract if applying for drivers or lease operator positions.

Fax (or) Email application to:

Fax: 250-563-3201 • Email: dmcphoe.excel@shawcable.com

