

*Company name (the Company) is an Equal Opportunity Employer. Company name recruits, hires, and promotes for all job classifications and administers all staff functions, without discrimination, including race, creed, color, religion, ancestry, national origin, marital status, pregnancy, sexual orientation, citizenship status, personal disability, sex or age. Insert other grounds as per your jurisdiction.*

I. PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Date (DD-MM-YYYY)
Street Address			Home Phone ( )
City	State/Province	Zip/Postal Code	Business Phone ( )
If hired, can you provide verification of your legal right to work in Country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a valid National Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", name:		Do you know anyone who is working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", name and relationship:	
Have you ever worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when: Position held:		Can you meet all attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not:	

II. EMPLOYMENT INTERESTS		
Position Desired:	Date Available:	Salary Desired: <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Annual Salary
Type of Employment Desired: Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work:	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to our company?		

III. EDUCATION INFORMATION				
School Level	Name and Location of School	Course of Study	Did you graduate?	Certificate or Degree Earned
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y <input type="checkbox"/> N	
Post-Graduate			<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. REFERENCES (Business references we can contact who have knowledge of your employment & competence)			
Name of Reference	Title and Company	Phone Number	Your Work Relationship with this Person

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- 22 HR topics
- Create HR intranet

#### Support your HR Function

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- Legislation Portal
- Remote Workforce Portal
- Mental Health Portal
- Diversity & Inclusion Portal
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Applicant's Signature:

Date: