

**PLEASE DOWNLOAD AND SAVE
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FILL IN ALL AREAS PROVIDED CAREFULLY

DON'T FORGET TO SAVE

INCLUDE YOUR FULL NAME,

THE MONTH AND YEAR OF SUBMISSION

EXAMPLE (JON_DUNLEY_OCT2018)

EMAIL TO:

sotawall.hr@sotawall.com

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment decisions are made without regard to, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, age, record of offences, marital status, family status or disability.

SOTAWALL Limited welcomes and encourages applications from people with disabilities. Accommodations are available upon request from H.R. for candidates taking part in all aspects of the selection process. If you are contacted by SOTAWALL Limited regarding a job opportunity or testing, please advise if you require accommodation.

APPLICATION FOR EMPLOYMENT

Date

/ /
MM / DD / YY

Please print and completely answer all questions

PERSONAL

(Last Name) (First Name) (Middle Name)

(Address) (City) (Prov) (Postal Code)

(Tel) (Cell)

JOB(S) APPLIED FOR

1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Are there any days, shifts or hours you will not work? YES NO

If yes, please explain _____

Have you worked for us before? YES NO If yes, when? _____

Do you know anyone employed by us? YES NO If yes, who? _____

If hired, on what date will you be available to start:
 / /
MM / DD / YY

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us?
Please exclude activities which would indicate any prohibited grounds of discrimination as listed above.

EDUCATION (May or may not be considered depending on job applied for)

(High School)	# of years / Degree Course of Study	(Major Field)
College / University	# of years / Degree Course of Study	(Major Field)

Describe any educational degrees, skills, training or experience you believe are relevant:

PRIOR WORK HISTORY Please complete for full time/part-time employment with Last or Present Employer First

May we contact the employers listed below ? YES NO If not which ones (A,B,C) _____

Company Name (A): _____ Tel: _____

Address: _____ Reason for leaving: _____

Name of Supervisor: _____ Job Title: _____

Date Employed: / / to: / / Starting Salary: \$ _____ Ending Salary: \$ _____

Describe in detail the work you did: _____

REFERENCE: _____
(First / Last Name) (Organization/Company Name) (Tel)

Company Name (B): _____ Tel: _____

Address: _____ Reason for leaving: _____

Name of Supervisor: _____ Job Title: _____

Date Employed: / / to: / / Starting Salary: \$ _____ Ending Salary: \$ _____

Describe in detail the work you did: _____

REFERENCE: _____
(First / Last Name) (Organization/Company Name) (Tel)

Company Name (C): _____ Tel: _____

Address: _____ Reason for leaving: _____

Name of Supervisor: _____ Job Title: _____

Date Employed: to: Starting Salary: \$ _____ Ending Salary: \$ _____
MM / DD / YY MM / DD / YY

Describe in detail the work you did: _____

REFERENCE:

(First / Last Name) (Organization/Company Name) (Tel)

List any other experience that you feel would be significant in our evaluation of your capabilities:

Have you attached any additional sheets and/or resume ? YES NO

PLEASE READ CAREFULLY, AND SIGN

- 1. I authorize the organization to verify all statements contained in this application for employment and to contact my references as stated above.*
- 2. I understand employment is contingent upon the company's received satisfactory employment references.*
- 3. In the event of my employment, I will furnish proof of date of birth and eligibility to work in Canada, and any required academic or occupational certificates.*
- 4. I certify that all statements I have made in this application are true. I agree that any misrepresentation or omission of facts called for may be sufficient cause for withdrawal of any job offer, or immediate release from the company's service without notice or pay in lieu thereof, if I have been employed.*
- 5. Can you perform all the required job functions, tasks, and /or duties with or without accommodation?*

YES NO

Date: _____
MM / DD / YY

Signature of Applicant

APPLICANT - COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

Do not answer any questions below unless the employer has checked the circle next to the question.

A check indicates that the information requested is needed for:

1) Benefit Programs, 2) is in compliance with national security laws, or 3) other legally permissions (income tax deductions,

- Date of Birth Sex: Male Female
MM / DD / YY
- Marital status? Single Engaged Married Separated Divorced Widowed
- How many dependents do you have (including yourself)? _____
- What is your Social Insurance Number? - -

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

(Last Name)	(First Name)	(Relationship to You)	
(Address)	(City)	(Prov)	(Postal Code)
(Tel)	(Cell)	(Bus)	

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEW YES NO Date Hour _____
MM / DD / YY

Result of interview _____

Employed? _____ Starting Rate \$ _____ Starting Date Shift _____
MM / DD / YY