



# EAGLE MACHINE INC.

340 RIVERSIDE ROAD

ABBOTSFORD, B.C. V2S 8E8

POSITION APPLIED FOR:	EXPECTED WAGES
S.I.N.	DATE AVAILABLE
BC CARE CARD NO.	
EMAIL ADDRESS:	

## APPLICATION FOR EMPLOYMENT *PLEASE PRINT OR TYPE*

SURNAME	FIRST	MIDDLE	HOME TEL						
ADDRESS	STREET	CITY	PROVINCE					POSTAL COI	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?			YES	NO	CELL				

## EDUCATION RECORD

SCHOOL NAME	SUBJECT	DIPLOMA / DEGREE AWARDED	
		YES	NO
HIGH SCHOOL		TITLE:	
BUSINESS TRADE OR TECHNICAL SCHOOL		TITLE:	
COMMUNITY COLLEGE		TITLE:	
UNIVERSITY		TITLE:	
ADDITIONAL COURSES, SEMINARS, WORKSHOPS:			

WERE YOU REFERRED BY SOMEONE? \_\_\_\_\_

WOULD YOU ACCEPT TEMPORARY SHIFT WORK? YES NO

WOULD YOU ACCEPT FULL TIME SHIFT WORK? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:

## REFERENCES

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)

NAME	ADDRESS	TELEPHONE	OFFICE USE ONLY
OCCUPATION			
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OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TURE AND COMPLETE TO MY KNOWLEDGE.

I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

COMMENTS


INTERVIEWER

**THIS SECTION IS TO BE COMPLETE ONLY IF APPLICANT HAS BEEN HIRED**

IN CASE OF EMERGENCY NOTIFY: NAME	TELEPHONE NUMBERS:
ADDRESS	
FAMILY DOCTOR	TELEPHONE NUMBER:

DATE HIRED	DEPARTMENT & POSITION	STARTING SALARY	HOURS	DATE OF EMPLOYMENT
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