

Employment Application Form

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT OR TYPE)

<i>Applicant Information</i>		
Full Name:		
Address:		
City:	Province:	Postal Code:
Primary Number: ()	Cell Phone Number: ()	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No (Documentation required prior to start of employment)		
Are you of legal age to work in your province? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever interviewed with Buchanan & Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Desired:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

TELL US ABOUT YOUR EDUCATION:

<i>Type of School</i>	<i>Highest Grade/ Year(s) Completed</i>	<i>Name of School and Course of Study</i>	<i>Date Attended</i>
High School or equivalent	9 10 11 12 13		
College or University	1 2 3 4		
Vocational/Trade School			
Other			

List any other certifications or licenses you currently possess:

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TELL US ABOUT YOUR PAST JOBS:

Start with your most recent employer. You may include as part of your employment history any work performed on a volunteer basis.

<i>Position One</i>	
Where did you work? (include name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name:
	Supervisor Contact Information:
<i>Position Two</i>	
Where did you work? (include name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name:
	Supervisor Contact Information:

Position Three

Where did you work? (include name of company and phone number)

Start Date:

End Date:

What was your position?

What were your duties/responsibilities in this position?

Why did you leave?

May we call your supervisor? ☐ Yes ☐ No

Supervisor Name:

Supervisor Contact Information:

Position Four

Where did you work? (include name of company and phone number)

Start Date:

End Date:

What was your position?

What were your duties/responsibilities in this position?

Why did you leave?

May we call your supervisor? ☐ Yes ☐ No

Supervisor Name:

Supervisor Contact Information:



TELL US MORE ABOUT YOURSELF:

Why do you want to work for Buchanan & Hall?

What are some of your strengths and weaknesses?

What are some things you have liked and disliked about your previous jobs?

What are some skills or lessons that you have learned from your previous jobs or life experiences?

REFERENCES:

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Telephone #	Relationship	# of Years Known

APPLICANT SIGNATURE:

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below.

Your authorization on this application form is your consent that as a condition of being considered for employment at Buchanan & Hall, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

Signature			
Date Signed		Earliest Available Start Date	