

DL Safety Consulting referred by **Métis Nation British Columbia**
Training Date _____ **TCP Ticket** _____

Employee Number _____

Applicant Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Address:

Number and street _____

City _____

Province and Postal Code _____

How were you referred to Company?: _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary desired: \$_____

Personal Information:

Have you ever applied to / worked for Company before? [] Y or [] N
If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Company?
[] Y or [] N
If yes, state name & relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N

If hired, would you be able to present evidence of your Canadian citizenship or proof of your legal right to work in Canada? [] Y or [] N

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

Have you ever been convicted of a criminal offense [] Y or [] N

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma? : _____

Tell us about you:

Emergency Contact:

Name: _____

Phone: _____