

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Date Available: _____ Previous Salary: \$ _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in Canada?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever worked for this company?	YES	NO	If yes, when? _____
	<input type="checkbox"/>	<input type="checkbox"/>	
Do you hold a valid driver's license?	YES	NO	If yes, which province? _____
	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have regular access to a vehicle?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consent to providing a driver's abstract?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

University: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Please complete only if no resume is submitted.

RESUME YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Travel

Some positions require travel.

Flexible with Travel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Weekends as Required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
-----------------------	---------------------------------	--------------------------------	-----------------------	---------------------------------	--------------------------------

Do you have a valid passport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any travel restrictions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
-------------------------------	---------------------------------	--------------------------------	--------------------------	---------------------------------	--------------------------------

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that if employed by this organization, I may be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof may result in immediate revocation of any offer of employment.

Signature: _____ Date: _____

Please submit completed application form to **careers@methapharm.com**.