SANITATION BROS INC

Industrial Hygiene. Peak Performance. | (647) 365-1503 | sanitationBros20@gmail.com

EMPLOYMENT APPLICATION

Please complete all fields — print clearly or type

Sanitation Bros INC is an equal opportunity employer. All information is kept strictly confidential.

1 — PERSONAL INFORMATION

LAST NAME | FIRST NAME | M.I. | DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS | APT | CITY | PROV | POSTAL

PHONE (PRIMARY) | PHONE (ALT.) | EMAIL ADDRESS

SOCIAL INSURANCE NUMBER (SIN)

Required for payroll — kept strictly confidential

Legally eligible to work in Canada? Yes No

Valid driver's licence? Yes No

Previously employed by Sanitation Bros INC? Yes No

IF YES — WHEN?

2 — POSITION APPLIED FOR

POSITION APPLYING FOR: Select Position...

AVAILABLE START DATE

DESIRED RATE $

Shift Pref: Any

EMPLOYMENT TYPE: Full-Time Part-Time Casual / On-Call Seasonal

Weekends? Yes No

OT? Y N

3 — EDUCATION

INSTITUTION / SCHOOL	CITY & PROVINCE	YRS ATTENDED	DIPLOMA / CERTIFICATE	COMPLETE?
High School				
College/CEGEP				
University/Trade				

4 — LICENCES, CERTIFICATIONS & TRAINING

CERTIFICATE / LICENCE NAME	ISSUING ORGANIZATION	DATE OBTAINED	EXPIRY DATE

e.g.: WHMIS 2015, Food Safe, First Aid/CPR, Forklift, Fall Arrest, Ontario DZ/AZ Licence, Confined Space Entry

5 — EMPLOYMENT HISTORY (MOST RECENT FIRST)

Employer 1

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

Employer 2

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

Employer 3

COMPANY / EMPLOYER NAME | CITY / PROVINCE | PHONE NUMBER | SUPERVISOR NAME

JOB TITLE / POSITION | FROM MM/YYYY | TO MM/YYYY | START PAY | END PAY | Contact? Y

DUTIES & RESPONSIBILITIES

REASON FOR LEAVING

7 — PROFESSIONAL REFERENCES (NOT FAMILY MEMBERS — 3 REQUIRED)

Reference 1

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

Reference 2

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

Reference 3

FULL NAME	RELATIONSHIP / TITLE	PHONE NUMBER	EMAIL ADDRESS

8 — APPLICANT DECLARATION

I certify that all information in this application is true, accurate, and complete. I understand that false or misleading information may result in rejection of this application or, if employed, dismissal. I authorize Sanitation Bros INC to contact all employers, institutions, and references listed. I consent to a background check if required for the position. I understand that employment is subject to Ontario Employment Standards Act, OHSA, WHMIS, and company policy.

APPLICANT SIGNATURE	DATE (MM/DD/YYYY)	PRINT FULL NAME

FOR OFFICE USE ONLY

RECEIVED BY	DATE RECEIVED	INTERVIEW DATE	DECISION	CONFIRMED START
			?	