



500 Airport Industrial Park, Breslau, ON, N0B 1M0
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www.utw.ca

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME

(FIRST) / (MIDDLE) / (LAST)

MAILING ADDRESS

CITY AND PROVINCE

POSTAL CODE

TELEPHONE

OWN TRANSPORTATION:

DRIVERS LICENCE:

| | | | | | | |

() | | | | - | | | |

YES NO

YES NO

TYPE: _____

ARE YOU NOW EMPLOYED?

YES NO

IF NOT, HOW LONG SINCE EMPLOYED?

WHO REFERRED YOU:

RATE OF PAY EXPECTED:

PHYSICAL HISTORY

CONFINED SPACE A PROBLEM?

YES NO

HEIGHTS A PROBLEM?

YES NO

PART TIME OR FULL TIME:

FULL TIME P ART TIME

HOURS PER WEEK EXPECTED:

DATE ABLE TO START WORK

WORK EXPERIENCE

LAST EMPLOYER

ADDRESS

POSITION HELD:

FROM:

TO:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

SECOND LAST EMPLOYER

ADDRESS

POSITION HELD:

FROM:

TO:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

THIRD LAST EMPLOYER

ADDRESS

POSITION HELD:

FROM:

TO:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

LAST SCHOOL ATTENDED:

HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

ADDRESS:

I acknowledge that the information on this application is correct and authorize that all prior employers will be contacted.

(SIGNATURE OF APPLICANT)

(DATE)