

APPLICATION FORM

Please fill in all the following boxes.

All the information we receive will remain strictly confidential.

1. PERSONAL INFORMATION

First name:

Last name:

Address:

Apt:

City:

State:

ZIP code:

Phone number:

Email:

Are you legally authorized to work in Canada?

Yes

No

2. POSITION

Position sought:

3. AVAILABILITY

Type of employment sought

Part-time

Full-time

Work shift availability

Day

Evening

Night

Weekend

4. WORK EXPERIENCE

Last job

Years of employment:	Company name:	Position held:
Reasons for leaving:	References:	

Previous job

Years of employment:	Company name:	Position held:
Reasons for leaving:	References:	

Previous job

Years of employment:	Company name:	Position held:
Reasons for leaving:	References:	

Other relevant experiences:

5. EDUCATIONAL BACKGROUND

Last completed degree:

Are you currently in school? Yes No

If so, what is your study program:

Other relevant training courses:

6. OTHER RELEVANT INFORMATION

What motivates you to apply for a position at DE LA FONTAINE?

How well do you know imperial measures?

Very well Well Average Basic No knowledge

Do you have allergies? Yes No

If so, please specify:

Do you have physical limitations? Yes No

If so, please specify:

Do you agree to undergo a medical exam? Yes No

Do you agree for DE LA FONTAINE to conduct a criminal record check?

Yes No

I, _____, hereby declare that the information provided in this form is true and accurate and I understand that any false statement can result in the rejection of my application at DE LA FONTAINE Inc.

Signature

Date

To send us your completed application, fill this form, save it on your device and email it to rh@delafontaine.com.