

ARKAY CONTRACTING LTD.
EMPLOYMENT APPLICATION EMPLOYEE
INFORMATION

ALL INFORMATION TO BE COMPLETED BY APPLICANT

LAST NAME: _____ SIN #: _____

FIRST NAME: _____ BIRTHDATE: _____ / _____ / _____
DAY MONTH YEAR

ADDRESS: _____

(CITY) (PROVINCE) (POSTAL CODE)

RESIDENCE: () _____ CELL: () _____

EMAIL: _____
print clearly

CAR: YES () NO ()

POSITION APPLIED FOR: _____ WAGE EXPECTED: \$ _____

EMERGENCY CONTACTS (someone you do not car pool with):

NAME: _____ TELEPHONE: () _____

NAME: _____ TELEPHONE: () _____

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND COMPLETE.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE

START DATE:

DAY	MONTH	YEAR	

Interviewed by (initial) Date

PAY RATE: \$ _____ PER HOUR

APPROVED BY

Starting Site: _____

Entered: _____