

Date: \_\_\_\_\_

Name (Print) \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
Street address

Permanent Address \_\_\_\_\_  
If different Street Address

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
City Province Postal Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Mobile Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No

Position Desired: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Desired Compensation: \_\_\_\_\_

Have you ever applied for employment or been employed with Arriscraft Canada before?  
 Yes  No If yes: Month and Year \_\_\_\_\_ Location: \_\_\_\_\_

Do you have friends or relatives working for Arriscraft?  
 Yes  No Names \_\_\_\_\_

Have you served in the Armed Forces?  Yes  No If yes, Branch \_\_\_\_\_ Rank at time of Discharge \_\_\_\_\_

Date of entrance \_\_\_\_\_ Date of discharge \_\_\_\_\_

Major responsibilities or duties \_\_\_\_\_

Have you ever been convicted of a criminal offence for which you have not received a pardon? No   If, yes, state date, court and city where conviction occurred.

(A conviction of crime is not an automatic bar to employment.)

Have you ever been discharged or requested to resign from a position?  Yes  No Are you employed now?  Yes  No

If yes, may we contact your present employer?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)?  Yes  No If yes, list job title \_\_\_\_\_

EDUCATION				
		Course of Study	Circle Last Year Completed	Certificate, Diploma or Degree or
High School			9 10 11 12	
Trade School /Apprenticeship			1 2 3 4	
College or University				
Graduate Schools Professional				

Certifications or Designations			

**EMPLOYMENT RECORD** (Start with most recent or present employer.)

Name and Address of Employer	Immediate Supervisor (Name and Position)	Salary or Hourly Rate
	Date Hired	Date Left

Job Title and description of duties

Reason for leaving

Name and Address of Employer	Immediate Supervisor (Name and Position)	Salary or Hourly Rate
	Date Hired	Date Left

Job Title and description of duties

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Job Title and description of duties

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	Date Hired	Date Left

Job Title and description of duties

Reason for leaving

List other major employment during past 10 years on a separate sheet of paper

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Name	Address (Complete Mailing Address)	Occupation	Daytime Phone
			( )
			( )
			( )

**JOB APPLICANT'S AGREEMENT CERTIFICATION**

I certify that the information given in this application is correct and I authorize investigation of all statements contained in it.

I agree any misrepresentation or omission of information in this application, during interview(s) that I may receive in response to this application and/or in any information that I provide during the hiring process will result in the cancellation of my application or if I have been hired, will constitute just cause for the termination of my employment regardless of when the misrepresentation or omission is discovered.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between myself and General Shale, Inc. for either employment or the provision of any benefits..

In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Company unless made in writing and signed by an authorized official of General Shale.

I certify that I am over the age of 18.

I understand that if employed, policies, procedures and rules of my employer may be revised in whole or in part, at any time.

I understand that this application will be kept on active file for 180 days from the date submitted, after which time I would have to reapply in accordance with established Company procedures.

I authorize Arriscraft Canada to use any information in this application to verify my statements.

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Date

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Signature of Applicant (Please sign in full)

(03/2016)