



Assassin Safety & Labour Leasing Inc.

Employee Application Form

YOU MUST FILL OUT EVERY PORTION OF THIS APPLICATION IN ORDER TO BE CONSIDERED

Date of Application: _____

Name:

Last

First

Middle Initial

Address:

Suite #

Street Address

City,

Province,

Postal Code

Home Phone #: ()

Cell #: ()

Male Female

Date of Birth:

 / /

Social Insurance #:

 - -

(Day, Month, Year)

How did you find out about us?

Are you presently employed (if yes, state where)?

Have you ever filed a WCB claim? Yes No If yes, where and when?

Do you consider yourself a person with a disability? Yes No If yes, explain:

Language most used: English French Other:

Do you have a drivers licence?: Yes No Licence #:

Prov:

Do you have a clean driver's abstract? Yes No, explain:

Are you willing/able to relocate? Yes No

Do you have your own transportation? Yes No

Do you possess any certificates, tickets or training? Yes No If yes, please list with expiry dates:

Would you be able to pass a drug screening test today? Yes No

Do you have or have you ever had an alcohol or substance abuse problem? Yes No If yes, explain:

What is your expected rate of pay?

Are you a Canadian Citizen? Yes No

Are you a Landed Immigrant: Yes No Not Applicable

Would you like to be enrolled in our benefits program? Yes No

In Case of Emergency, who would you like us to notify?

Name:

Address:

Phone Number:

Cell:

By signing this application form, I hereby declare that all the information provided is correct and accurate and I acknowledge that this is a legal and binding document.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

<input type="checkbox"/> PED	<input type="checkbox"/> COC	Employee #:
<input type="checkbox"/> DA	<input type="checkbox"/> BP	Start Date:
<input type="checkbox"/> GID	<input type="checkbox"/> AP	Position:
<input type="checkbox"/>	<input type="checkbox"/> RC	ROP =