



Mail or Deliver to:
3850-98 Street
Edmonton, AB T6E 3L2
Tel: (780) 452-8921
Fax:(780) 452-7660

APPLICATION FOR EMPLOYMENT

Date: _____

Personal

Name: _____
Last First Middle Initial

Present Address _____
No. Street City Province Postal Code

Telephone _____ Alternate phone (cell) _____

Job applied for: _____ Rate of pay expected \$ _____ / _____

How did you learn of this opening? _____

If hired, on what date will you be available to work? _____

If hired, do you have reliable means of transportation to get to work? _____

Education Background

High School Completed Yes No If yes, what year completed? _____

College Diploma Yes No If yes, what diploma? _____

University Degree Yes No If yes, what degree? _____

Describe any specialized training, courses, or apprenticeship skills that you have acquired _____

The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses, (including an offense in respect of any provincial statute), handicap, disability, language (Province of Quebec).

Prior Work History

List in order, last or present employer first.

1. Employer _____ Dates _____ - _____
Name Address From To

Rate of Pay _____
Start Finish

Supervisor _____
Name Title Phone #

Reason for Leaving _____

Job Description _____

2. Employer _____ Dates _____ - _____
Name Address From To

Rate of Pay _____
Start Finish

Supervisor _____
Name Title Phone #

Reason for Leaving _____

Job Description _____

3. Employer _____ Dates _____ - _____
Name Address From To

Rate of Pay _____
Start Finish

Supervisor _____
Name Title Phone #

Reason for Leaving _____

Job Description _____

May we contact the employers listed above? _____

If not, which one(s) do you do not wish us to contact? _____

Personal References Give the names of 3 persons who can supply information pertinent to your job performance. Exclude former employers or relatives

1.	_____	_____	_____
	Name	Address	Phone #
2.	_____	_____	_____
	Name	Address	Phone #
3.	_____	_____	_____
	Name	Address	Phone #

Please note that Printworks employees are required to participate in a Fit for Work program and Printworks performs random Drug and Alcohol testing as part of that program.

Thank you for completing this application form and for your interest in employment with Printworks. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

**Please Read Carefully
Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant _____

Date _____

