

HMC SERVICES INC.
APPLICATION FOR EMPLOYMENT

NAME _____

TYPE OF WORK APPLIED FOR _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

CITY, PROV & POSTAL CODE _____

ALTERNATE CONTACT PHONE _____

DO YOU HAVE A DIRECT RELATIVE
EMPLOYED BY HMC SERVICES INC.?
(if YES, or unsure, please provide their
name, position and relationship) _____

YES NO SOCIAL INSURANCE NUMBER _____

TYPE OF EMPLOYMENT DESIRED: FULL-TIME PART-TIME TEMP

ARE YOU PREPARED TO TRAVEL IN THE COURSE OF DUTIES? YES NO

IS YOUR ABILITY TO PERFORM YOUR DUTIES LIKELY TO BE AFFECTED BY A CURRENT OR
PREVIOUS ILLNESS OR DISABILITY? YES NO

IF YES, PLEASE PROVIDE DETAILS _____

EDUCATIONAL BACKGROUND (starting with highest level or grade attained)

NAME & LOCATION OF SCHOOL OR INSTITUTION	COURSE/PROGRAM MAJOR FIELD	CREDITS OR DEGREE ATTAINED	DATES
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SPECIAL COURSES: _____

ARE YOU A LICENSED PROFESSIONAL or TRADE JOURNEYMAN? _____
If yes, please provide details and copy of certificates)

WORK EXPERIENCE

PRESENT (or last) EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

IF YOU HAVE RELEVANT EMPLOYMENT HISTORY PREVIOUS TO THE ABOVE, PLEASE SUMMARIZE AND ATTACH.

MAY WE CONTACT YOUR PRESENT AND/OR PREVIOUS EMPLOYERS? YES NO

**** PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENCE AND A CURRENT DRIVER ABSTRACT (updated in the current month).**

DATE AVAILABLE (OR NOTICE REQ'D): _____

SIGNATURE

DATE