

VICTORIA CO-OPERATIVE FISHERIES LTD.

PO. BOX 38
 NEIL'S HARBOUR, NS B0C 1N0
 PH: 902-336-2541



EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	
Address			
City	Prov.	Postal Code	
Phone	E-mail Address		
Social Insurance #	Date of Birth	Day: ____ / Mon: ____ / Year: ____	
Position Applied for		Date Available to Start Work if Hired	
Do you have reliable transportation to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
What days and hours are you available to work?			
EDUCATION & TRAINING			
Highest level of education		School Name	
Do you have training in any of the following:			
First Aid/CPR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
WHMIS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Forklift Operation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
HACCP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

Are there any other skills, training and/or qualifications which you believe would better qualify you to work for our company? (If additional space is required use a separate sheet of paper):

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, why?
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, why?

QUESTIONS:	
1. This position requires the employee to lift up to 50 pounds. Is there anything which may prevent you from carrying out this task?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details below:
2. During the course of employment the employee will come into direct contact with a variety of seafood products including, but not limited to: lobster, crab, groundfish, scallops, etc. Is there anything which may prevent you from carrying out your daily work activities?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details below:

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Occupation
Company	Phone ()
Address	
Full Name	Occupation
Company	Phone ()
Address	
If Hired, Person to be notified in the Case of An Emergency:	
Name:	Phone #:
Address:	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature of Applicant	Date

FOR PERSONNEL USE ONLY			
Interview? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE:	TIME:	
RESULTS OF INTERVIEW:			
Acceptable for Employment? YES <input type="checkbox"/> NO <input type="checkbox"/>	Starting rate:	Start Date:	Shift:
Occupation:	Dept.:	Employee #:	
Interviewed By:	Employed By:		
Approved By	Date		