



**CANAR ROCK & LANDSCAPE SUPPLIES
EMPLOYMENT APPLICATION FORM**

Date: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Phone Number: _____ Cell Number: _____
Email: _____ Preferred method of contact: _____
Address: _____
City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Do you have a valid driver's licence? Yes ____ No ____
Driver's Licence No.: _____ Class: ____
Are you legally entitled to work in Canada? Yes ____ No ____
Position(s) you are applying for: _____
Level and/or years of experience: _____ Available start date: _____

WORK EXPERIENCE

Employer: _____ Position: _____
Length of tenure (in years/months): _____
Duties & responsibilities: _____
Reason for leaving: _____

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SKILLS & TRAINING (Please indicate the number of years of experience you have beside each)

Customer Service _____ Cashier _____ Truck Driver _____ Labourer _____ Dispatch _____
Garden Centre _____ Forklift Operator _____ Skid Steer Operator _____ Loader Operator _____

Please list any relevant training you have received and when you completed the training:
Course/Certification/Training: _____ Date Completed: _____

I authorize Canar Rock & Landscaping Supplies to make inquiries of my past employers, and verify my credentials. Furthermore, I authorize all past employers to respond to verbal & written inquiries from Canar to verify my employment history. Under the Privacy Act I understand that I will not be privy to information provided by my past employers. In the event that Canar Rock & Landscaping Supplies choose to hire me all information relevant to this application will be kept in my personnel file. If Canar Rock & Landscaping Supplies choose not to hire me the information will be destroyed.

I hereby certify that all the information provided on this application is true. If any information is found to be false I understand that it may result in my immediate dismissal.

Applicant's Signature _____ Date: _____