

SRS WINDOWS AND DOORS INC.
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 www.srswindoor.ca

Date

Employment Application

Name	
Address	
Province/State	
Postal Code/Zip	
Social Ins No.	
Home Phone	
Cell Phone	

Positions Applied for:	
Salary Desired:	

HOURS AVAILABLE TO WORK			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			
Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>
Full or Part-Time	<input type="checkbox"/>		<input type="checkbox"/>
When available to begin work?			

EDUCATION			
Type of School	Name of School & Complete Mailing Address	No. Years Completed	Major or Degree

Have you ever been convicted of a crime?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:				

Do you have a drivers license?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Province of Issue				
Have you had any accidents in the past 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had any moving violations in the past 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Continue on the next page

Previous Employment (list up to 3)

1

Name of Employer:				
Name of last Supervisor				
Dates of Employment	from		to	
Wage	from		to	
Complete Address				
Phone				
Last job title				
Reasons for leaving (be specific):				

List the jobs you held, duties performed, advancements, or promotions while you worked at this company:

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May we contact your employer? Yes No

2

Name of Employer:				
Name of last Supervisor				
Dates of Employment	from		to	
Wage	from		to	
Complete Address				
Phone				
Last job title				
Reasons for leaving (be specific):				

List the jobs you held, duties performed, advancements, or promotions while you worked at this company:

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May we contact your employer? Yes No

Continue on the next page

3

Name of Employer:				
Name of last Supervisor				
Dates of Employment	from		to	
Wage	from		to	
Complete Address				
Phone				
Last job title				

Reasons for leaving (be specific):

List the jobs you held, duties performed, advancements, or promotions while you worked at this company:

May we contact your employer? Yes No

Skills			
Typing			
Computer	PC <input type="checkbox"/>	Mac <input type="checkbox"/>	Both <input type="checkbox"/>
Applications			
Other Skills			

PLEASE LIST 2 REFERENCES OTHER THAN RELATIVES & PREVIOUS EMPLOYERS

Name		
Position		
Company		
Telephone		

Add any additional information necessary to describe your full qualifications for the position which you are applying: