



British Hydraulics

APPLICATION FOR EMPLOYMENT

Last Name		First	Middle	Date of Application	
Street Address				Home Telephone	
City, Province, Postal Code				Work Telephone	
Position Desired		Date Available	Salary Desired	Social Insurance Number	
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
EDUCATION					
Level	Name and Location of School	Diploma or Degree	Attendance Dates		Program
			From Mo/Yr	To Mo/Yr	
High School					
College/University/Trade					
EMPLOYMENT HISTORY					
(1) Present/Most Recent Employer		Telephone		Summarize the nature of the work performed and job responsibilities.	
		Dates Employed			
Address		From Mo/Yr	To Mo/Yr		
Job Title		Hourly Rate/Salary			
		Starting			
Immediate Supervisor and Title		\$	per		
Type of Employment		Hourly Rate/Salary			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final			
Reason for leaving or why you are considering leaving?		\$	per		
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY CONT.

(2) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

(3) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

REFERENCES

Name	Telephone	Years Known	Nature of Relationship

Signature of Applicant _____

Date _____