

## Administrative Application

## All Personnel Services Inc.

1415 Bonhill Road, Suite 18 Mississauga ON L5T 1R2 Job Line: (905) 362-2299, Fax Number: (905) 362-2294, Toll Free: 1-800-895-8897

INSTRUCTIONS: PLEASE COMPLETE IN FULL. ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION FOR EMPLOYMENT ON THE LAST PAGE.

## **Position Applying For:**

Source of A	\d		
Job Title:			

Last (Fan	nily Name)	First	N	Middle	
Mailing					
Address:No.	Street	Apt	City	Pos	tal Code
Valid Email Address This MUST be a pr					
	rivate email address, tha	at only you, or a person authoriz	ed by you has access to as your	pay slip will l	e sent here
Telephone Home:		Cell:	SIN·		
Date of Birth:	E	mergency #	and Name:		
Are you legally entitled	to work in Canad	la?		Yes □	No □
As an adult, have you ev	ver been convicte	d of an offence other th	an a traffic violation?	Yes □	No □
Are you able to work sh	ifts (non-standard	d hours) if required?		Yes □	No 🗆
Do you have any relative	es working at All	Personnel Services?		Yes □	No □
If yes, name(s):					
Have you ever been emp	ployed by an emp	oloyment service?		Yes □	No □
If yes indicate:					

	Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree and year completed
High School/GED				
Commercial, Trade or Technical Training				
Undergraduate College/University				
Graduate/ Professional				
Other Continuing Education				
Professional Qualification Memberships/Licenses i				
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-	ch your resume, pleas	se do so. RESUM	IE ATTACHE	D 🗌
If you wish to attac		se do so. RESUM	ІЕ АТТАСНЕ	D
If you wish to attac	D SKILLS	se do so. RESUM	IE ATTACHE	D 🗆
If you wish to attace  SPECIALIZE  A. SECRETARIAL/C.  Word Processin	D SKILLS  LERICAL SKILLS:  ng	☐ Database	IE ATTACHE  □ ②Keyboarding	Other
If you wish to attace SPECIALIZE  A. SECRETARIAL/C.	D SKILLS LERICAL SKILLS:			
SPECIALIZE  A. SECRETARIAL/C.  Word Processin	D SKILLS  LERICAL SKILLS:  ng	☐ Database		Other
SPECIALIZE  A. SECRETARIAL/C.  Word Processin	D SKILLS  LERICAL SKILLS:  ng	☐ Database		Otherspecify
A. SECRETARIAL/C. Word Processir Software:	DSKILLS  LERICAL SKILLS:  ng	□ Database Software:	□②Keyboarding □ Special Termi	Other specify
A. SECRETARIAL/C. Word Processir Software:  Dictaphone  B. COMPUTER SKIL	DSKILLS  LERICAL SKILLS:  ng	□ Database Software: □ □ Graphics □ Mac □ VAX	□②Keyboarding □ Special Termi	Otherspecify
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A. SECRETARIAL/C:  Word Processin Software:  Dictaphone  B. COMPUTER SKIL Please specify compu	DSKILLS:  LERICAL SKILLS:  ng	□ Database Software: □ □ Graphics □ Mac □ VAX	□②Keyboarding □ Special Termi	wpm Otherspecify

E. LANGUAGE SKILLS: Spoken: \_\_\_\_\_ Written: \_\_\_\_

F. If you are applying for a position requiring a driver's licence, please complete the following:

Licence #\_\_\_\_\_ (For Drivers, we require a copy of your licence for our files)

Class:

Province:

Do you have a valid driver's license? Yes □ No □

Do you have a reliable vehicle? Yes □ ② ② No □

PREVIOUS EMPLOYMENT (begin with most recent)	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Wage:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Wage:
Duties:	
N C D1	Address:
Name of Employer:	
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Wage:
Duties:	
REFERENCES	
List three persons, other than relatives or personal friends, who can	1 judge your work ability.
NAME COMPANY	POSITION TELEPHONE
1.	
2. 3.	
May we contact your present employer for a reference? □□Yes	
If no, please state reasons:	

Declaration:  This certifies that this application has been completed by me, and that all entries on it, and the information in it are true and complete to the best of machine knowledge.
This certifies that this application has been completed by me, and that all entries on it, and the information in it are true and complete to the best of m
I authorize All Personnel Services to make such investigations and inquires of my personal, employment, financial or medical history and other relate matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.  In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by Law.  Personal Data questions are voluntary upon application for a position. Employment decisions are not made contrary to sections 5 and 23 of the Ontario Human Right.
Code, and applicants should not feel compelled to fill in information they feel may be discriminatory against them for any reason.  Certain questions may be required in order to determine insurability or to fulfill regulatory requirements.
Date Signature of Applicant
Thank you for taking the time to complete this application and for your interest in All Personnel Services.
All Personnel Services is committed to the principles of Employment Equity and welcomes applications from all qualified candidates. Women, people of aboriginal descent, members of visible minorities, and people with disabilities are invited to identify themselves a members of these designated groups. Please feel free to use the Voluntary Declaration form available from our office and attach to this Application or to your resume.
This person self-identified as a member of a designated group as defined by the Employment Equity Plan and the self-identification is attached to this application.
Signature: Date: