

## Application for Employment

### Basic Information

Position applied for: \_\_\_\_\_ Wage expected: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

F/T  P/T  Weekends

Are you willing to relocate?  Yes  No

If you are selected for a position at World Wide Homes, when are you available to start?

### Contact Information

Phone No.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Last Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Are you eligible to work in Canada?  Yes  No

In the past two years, have you experienced any medical conditions which may impair or limit your ability to perform the position for which you are applying, including but not limited to back problems, hernia, heart conditions or epilepsy?  Yes  No

If yes, please explain: \_\_\_\_\_

Many jobs in our manufacturing facility require repetitive heavy lifting and hand/arm movement as well as the ability to withstand hours of standing, bending and squatting. A job offer may be conditional on the applicant passing a Company prescribed medical examination by a practitioner of the Company's choice.

### Availability

If you are applying for a part time position, please indicate if there are any days or hours you are unable to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
Until:							

**Education**

#	Name and Location of Institution or Organization	Area of study/ Course:	Grade/Certification/ Diploma/Degree:	Date		Completed	
				From:	To:	Yes	No
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>

Special Qualifications (apprenticeship, trade, first aid, computer experience, language, etc)

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**Employment History**

#	Company	Duration of employment		Reason for leaving
		From:	To:	
1	Company:			
	Location:			
	Supervisor:			
	Phone No.:			
2	Company:			
	Location:			
	Supervisor:			
	Phone No.:			
3	Company:			
	Location:			
	Supervisor:			
	Phone No.:			
4	Company:			
	Location:			
	Supervisor:			
	Phone No.:			

### Additional Skills

Please check off one or more of these skills that apply to you:

- |                                                                      |                                                                  |                                                               |
|----------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Air Tools                                   | <input type="checkbox"/> Flooring installation (e.g.-rugs, tile) | <input type="checkbox"/> Painting (e.g.-roller, brush, spray) |
| <input type="checkbox"/> Assembly / Production Line                  | <input type="checkbox"/> Forklift                                | <input type="checkbox"/> Suspended ceilings                   |
| <input type="checkbox"/> Blueprints                                  | <input type="checkbox"/> Framing                                 | <input type="checkbox"/> Plumbing                             |
| <input type="checkbox"/> Cabinet installation                        | <input type="checkbox"/> Gutters, fascia, soffits                | <input type="checkbox"/> Residential                          |
| <input type="checkbox"/> Cabinet / Millwork                          | <input type="checkbox"/> Height / Ladder work                    | <input type="checkbox"/> Light commercial                     |
| <input type="checkbox"/> Cleaning (windows, floors, walls)           | <input type="checkbox"/> Insulation                              | <input type="checkbox"/> Fixture setting                      |
| <input type="checkbox"/> Door / Window installation                  | <input type="checkbox"/> Interior finish                         | <input type="checkbox"/> Ground work                          |
| <input type="checkbox"/> Door hardware installation                  | <input type="checkbox"/> Layout                                  | <input type="checkbox"/> Knowledge of fittings, pipe size     |
| <input type="checkbox"/> Drywall                                     | <input type="checkbox"/> Material handling                       | <input type="checkbox"/> Plastic pipe                         |
| <input type="checkbox"/> Duct work (in-floor)                        | <input type="checkbox"/> Modular building manufacturing          | <input type="checkbox"/> Soldering                            |
| <input type="checkbox"/> Electric hand tools (e.g.-skill saw, drill) | <input type="checkbox"/> Overhead crane                          |                                                               |

### Experience

Please explain any experience that you feel may be an asset to our company.

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### Hobbies and Interests

Please check one or more points of interests.

- Camping  Cooking  Computer  Cycling  Hiking  Movies  Reading  
 Running  Socialize  Sports  Home entertainment

Please specify any hobbies that you may have.

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