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APPLICATION FOR EMPLOYMENT

Please print clearly and answer all questions completely.

We consider applicants without regard to race, colour, creed, ancestry, origin, gender, sexual orientation, marital status, family status, record of offences, disability or other protected status.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE INITIAL
PRESENT ADDRESS		
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	OTHER PHONE OR E-MAIL ADDRESS	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	If hired, when would you be able to start working?	
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in doing?	Are you bondable? (Answer only if relevant to position applied for) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want to work: <input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op		

EDUCATION

SCHOOL	Highest grade achieved	
COLLEGE OR UNIVERSITY	Degree, Diploma or Certificate earned	Course of study
GRADUATE OR PROFESSIONAL	Degree, Diploma or Certificate earned	Course of study
List any specialized training, trades skills, apprentice skills, awards, professional designations and other education.		

WORK HISTORY (List in order, starting with your present or last job)

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER	
YOUR JOB TITLE		DATES OF EMPLOYMENT	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER	
YOUR JOB TITLE		DATES OF EMPLOYMENT	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS		PHONE NUMBER	
YOUR JOB TITLE		DATES OF EMPLOYMENT	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
May we contact your present or last employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your previous employers for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our company?		If referred by an employee, please provide employee's name.	

PLEASE READ CAREFULLY

I hereby authorize Atlantic Windows to verify the information listed on this Application for Employment. The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of Atlantic Windows, including serving an initial probationary period.

Applicant Signature: _____

Date: _____