



AVALON INTERIORS

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City Province Postal

Code

Telephone # () Other Phone # () Email _____

Referred by _____

Position(s) applied for _____ Date available _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Salary/Hourly rate desired? _____

Are you legally eligible for employment in this country? Yes No

Languages: English French Other _____

Are you available to work overtime if required? Yes No

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, Province	GRADUATED?	DEGREE(s)/DIPLOMA(s)
			EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

02/10/05

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				

JOB TITLE			HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING			HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE			HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING			HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE			HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$	per	
REASON FOR LEAVING			HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

What was the best job you've ever had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

What are your greatest strengths? _____

As your skills and abilities relate to your work experiences, what are the areas for improvement? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most DISLIKE in co-workers? _____

What do you think is the most difficult part of sales / customer service work? _____

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

I authorize you and your organization to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature _____ **Date** _____

*Please fax application to 905-889-6068 or mail to:
Avalon Interiors
10 Shieldmark Crescent
Thornhill, Ontario L3T 3T5*