



EMPLOYMENT APPLICATION

Your Application Package should consist of this application form, a current resume, and covering letter.

Position Applied For:

PERSONAL DATA		
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Last Name		
First Name		
Address		City
Province, Country		Postal Code
Home Telephone Number : Can Message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Telephone Number:
Are you legally entitled to work in Canada (Canadian Citizen or Landed Immigrant, Student Visa)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for Cornerstone Courier in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?
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		If yes, please specify:
Do you have a spouse, child or parent who is a current employee of Cornerstone Courier Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who and what is their relationship to you?		
For employment references, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your previous employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact listed references if different from listed supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION		
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	Secondary School	College
Highest Grade or Level Completed		
Name of Program		
Length of Program		
License, Certificate or Diploma Awarded	Type: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Yes <input type="checkbox"/> No

	University	University
University Attended		
Length of Program/ Major		

*Education levels achieved and degrees obtained may be subject to verification if an offer of employment is extended.

Turn Over

EMPLOYMENT	
Present/Last Employer	Employer Address
Type of Business	Your Job Title
Period Employed From (mo/yr) To (mo/yr)	Reason for Leaving
Name and Title of Immediate Supervisor	Telephone Number of Immediate Supervisor
Describe Job Duties and Responsibilities	

Present/Last Employer	Employer Address
Type of Business	Your Job Title
Period Employed From (mo/yr) To (mo/yr)	Reason for Leaving
Name and Title of Immediate Supervisor	Telephone Number of Immediate Supervisor
Describe Job Duties and Responsibilities	

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Describe Job Duties and Responsibilities	