

OTHER LANGUAGES SPOKEN: _____

◆ EMPLOYMENT HISTORY

Name of Company:

Contact Name:

Contact No: _____ Dates of Employment: From: _____
To: _____

Reason for leaving:

Name of Company:

Contact Name:

Contact No: _____ Dates of Employment: From: _____
To: _____

Reason for leaving:

Name of Company:

Contact Name:

Contact No: _____ Dates of Employment: From: _____
To: _____

Reason for leaving:

◆ HEALTH RECORD

Have you ever had an accident or serious illness either work related or personal?

Yes

No

Are you aware of any health problems that may affect your capacity to work?

Yes

No

◆ GENERAL

Have you previously applied for employment here? Yes No

Have you ever been employed at Mounties in the past? Yes No

Have you been discharged from employment due to your conduct? Yes No

Have you ever been convicted of a crime? Yes No

Do you have any objection to us seeking verification of information with this application? Yes No

◆ DECLARATION

I authorise Mounties to secure any information regarding myself. I hereby release any person, firm or institution of all liability for any damage what so ever issuing from such information. I further declare that the statements made by me in this application are true, complete, & correct. I understand that a false statement or dishonest answer to any question in this application will be regarded as misconduct & will be ground for dismissal from employment. I understand that I may be subject to a full criminal check prior to commencing employment with Mounties Group.

Applicants Signature: _____ Date: _____