

Bow Mark Group of Companies

# Employment application

## Application information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | Province | Postal Code |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Position applied for: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you available six days per week? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Do you have a driver’s license and transportation? |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |
| Have you ever worked for this company? |  | Yes [ ]  | No [ ]  |  | If yes, when? |  |  |
|  |  |  |
| Have you ever been convicted of a crime? |  | Yes [ ]  | No [ ]  |  | If yes, explain? |  |  |

## Education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High school: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Diploma: |  |  |
|  |  |  |
| College: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |
|  |  |  |
| Other: |  |  |  | Address: |  |  |
|  |  |  |
| From: |  |  |  | To:  |  |  |  | Did you graduate? | Yes [ ]  | No [ ]  |  | Degree: |  |  |

## References

Please list two references

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Supervisor: |  |  |
|  |  |  |
| Job title: |  |  |  | From: |  |  |  | To: |  |  |
|  |  |  |
| Responsibilities: |  |  |
|  |  |  |
| May we contact your previous supervisor for a reference? |  |  | Yes [ ]  |  | No [ ]  |

\*\*Form should be automatically forwarded to safety@bowmark.ca once submitted.