



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

The JB Group does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and complies with the Human Rights Act.

Please Print Clearly

TYPE OF POSITION DESIRED:	HOW DID YOU LEARN ABOUT THIS OPPORTUNITY AND WHY ARE YOU INTERESTED IN THIS OPPORTUNITY?		
RATE OF PAY EXPECTED:			
PERSONAL RECORD			
NAME:	SURNAME:	GIVEN NAME (S):	
ADDRESS	STREET:	CITY:	
	PROVINCE:	POSTAL CODE:	
TELEPHONE:	HOME:	CELL:	EMAIL:
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA: YES NO		ARE YOU BONDABLE? YES NO	WILLING TO SUPPLY ABSTRACT FOR VALID BC DRIVERS LICENCE: YES NO
WHEN CAN YOU START WORK:			
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES NO (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements)			
HAVE YOU PREVIOUSLY WORKED FOR JB GROUP? YES NO		REASON FOR LEAVING?	
ARE YOU AVAILABLE TO WORK SATURDAYS, SUNDAYS? YES NO		DO YOU HAVE ANY LIMITATIONS ON WORKING OVERTIME, IF REQUIRED?	
LIST ANY ORGANIZATIONS (EXCLUDING RELIGIOUS, POLITICAL OR ETHNIC) OF WHICH YOU ARE A MEMBER:			
UNIVERSITY EDUCATION RECORD			
FACULTY:	PROGRAM:	YEAR OF STUDY:	
HIGH SCHOOL EDUCATION RECORD			
HIGH SCHOOL ATTENDED:	CITY:	YEAR COMPLETED:	
SPECIAL SKILLS / TRAINING: COMPUTER PROGRAMS: OTHER:			

EMPLOYMENT RECORD			
List your last 3 employers, beginning with your present or last employer.			
COMPANY:	CITY:	DATE EMPLOYED: FROM:	TO:
SUPERVISOR'S NAME:	TELEPHONE:	POSITION HELD:	
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
MAY WE CONTACT YOUR EMPLOYER: YES NO			
COMPANY:	CITY:	DATE EMPLOYED: FROM:	TO:
SUPERVISOR'S NAME:	TELEPHONE:	POSITION HELD:	
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
MAY WE CONTACT YOUR EMPLOYER: YES NO			
COMPANY:	CITY:	DATE EMPLOYED: FROM:	TO:
SUPERVISOR'S NAME:	TELEPHONE:	POSITION HELD:	
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			
MAY WE CONTACT YOUR EMPLOYER: YES NO			
VOLUNTEER EXPERIENCE			
ORGANIZATION:	CITY:	DATE INVOLVED: FROM:	TO:
SUPERVISOR'S NAME:	TELEPHONE:	POSITION HELD:	
DESCRIPTION OF DUTIES:			
<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.</p>			
<p>_____</p> Applicant's Signature		<p>_____</p> Date	