



OFFICE APPLICATION FORM

AVAILABILITY WEEKDAYS WEEKENDS EVENINGS

LAST NAME	FIRST NAME	MIDDLE INIT.	DATE OF APPLICATION
STREET ADDRESS, APT. NO.			POSTAL CODE
CITY	PROVINCE	DATE OF BIRTH DAY MONTH YEAR	
TELEPHONE NO.	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SOCIAL INSURANCE NO.	
EMAIL			

DO YOU HAVE USE OF AN INSURED VEHICLE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID DRIVERS LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>		
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HOW DID YOU HEAR OF BEST PERSONNEL INC.? _____

HAVE YOU EVER WORKED FOR AN EMPLOYMENT SERVICE BEFORE? YES NO

IF YES, WHICH COMPANY? _____

WHERE WERE YOU ASSIGNED TO WORK?

NAME OF BUSINESS:	TYPE OF WORK:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING TRADES, PLEASE INDICATE IN THE SPACE BELOW.

	YEARS EXPERIENCE		YEARS EXPERIENCE
Administration	<input type="checkbox"/> _____	Reception	<input type="checkbox"/> _____
Secretarial	<input type="checkbox"/> _____	Filing	<input type="checkbox"/> _____
Management	<input type="checkbox"/> _____	Collections	<input type="checkbox"/> _____
Accounts Payable	<input type="checkbox"/> _____	Supervisory	<input type="checkbox"/> _____
Accounts Receivable	<input type="checkbox"/> _____	Inventory	<input type="checkbox"/> _____
Customer Service	<input type="checkbox"/> _____	Cashier	<input type="checkbox"/> _____
Sales (Inside)	<input type="checkbox"/> _____	Bookkeeping	<input type="checkbox"/> _____
Sales (Outside)	<input type="checkbox"/> _____	Legal	<input type="checkbox"/> _____
Industrial: _____	<input type="checkbox"/> _____	Other: _____	<input type="checkbox"/> _____
Switchboard Operator	<input type="checkbox"/> _____		
Word Processing	<input type="checkbox"/> _____	Model(s): _____	Lines: _____
Accounting	<input type="checkbox"/> _____	Software Package(s): _____	
Data Entry (Alpha)	<input type="checkbox"/> _____	Software Package(s): _____	
Data Entry (Numeric)	<input type="checkbox"/> _____	Key Strokes Per Minute: _____	
Typing Speed	_____	Words Per Minute: _____	

Education Educational Institutes(s)	Completion Graduation Date:	Diploma / Certificate Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other additional courses or training :

1. _____
2. _____
3. _____
4. _____
5. _____

Objective

In detail, explain your short and long term employment objectives:

WORK REFERENCES

1.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ _____ REASON FOR LEAVING: _____
2.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ _____ REASON FOR LEAVING: _____
3.	COMPANY: _____ SUPERVISOR: _____ JOB DESCRIPTION: _____ DATE: _____	PHONE: _____ ADDRESS: _____ _____ REASON FOR LEAVING: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.
 I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL.
 FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT
 IS NOT NECESSARILY FOR A DEFINITE PERIOD.

DATE: _____ SIGNATURE: _____