



## APPLICATION FOR EMPLOYMENT

Please complete all requested information in its entirety. Resumes will not be accepted in lieu of completion of application.

### PERSONAL

Last Name	First Name	Middle	Date of application
Present Address (Number and Street)			Home Phone ( ) -
_____			Business Phone ( ) -
City	Province	Postal Code	
Length of time at present address:			
Have you ever applied for employment at <b>Monk Office Supply</b> ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Insurance Number
If yes, month and year: _____		Location: _____	
Have you ever applied for employment at <b>Monk Office Supply</b> under another name?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Pay Expected
Are you available for full time work?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Position Applying For
If no, what hours can you work?			
Are you over 21 years of age?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work overtime if asked?
If <b>No</b> , date of birth: _____			
When will you be available for work?			
Other special training or skills (languages, retail sales experience, etc.)			
How did you learn of our organization? (newspaper, store referral, etc.)			
Do you have any friends or relatives working for <b>Monk Office Supply</b> ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Please enter their name(s))			
Name: _____		Position: _____	Relationship: _____
Name: _____		Position: _____	Relationship: _____

### EDUCATION

School	Name and location of School	Course of Study	No. of years completed	Did you graduate?	Degree or diploma received
Elementary				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

## GENERAL INFORMATION

**Personal References**  
(Do not include past employers or relatives)

Name	Length of time known		
Address			
Street	City	Province	Postal Code
Phone: (    ) -			

Name	Length of time known		
Address			
Street	City	Province	Postal Code
Phone: (    ) -			

Name	Length of time known		
Address			
Street	City	Province	Postal Code
Phone: (    ) -			

Do you have a valid driver's license?      Yes     No

Would you agree to be placed under a Surety Bond if employed?      Yes     No

1. Have you ever been bonded?      Yes     No

2. Have you ever taken any merchandise, money or property from an employer?      Yes     No

3. Within the past 7 years, have you ever been convicted of a crime?      Yes     No

Please explain any **YES** answer below:


## PHYSICAL BACKGROUND

In an effort to ensure the future well-being of our potential employees, it is requested that you complete the following by indicating YES or NO:

1. Do you have any physical condition that may limit your ability to perform the job applied for?

Yes     No

2. Does standing or remaining on your feet for a period of hours cause you discomfort?

Yes     No

3. Have you had or do you have frequent backaches?

Yes     No

4. Would you place any lifting restrictions in the performance of the job you are applying for?

Yes     No

5. Are you capable of lifting approximately 40 pounds?

Yes     No

6. Do you have a history of back problems?  
(If yes, state particulars)

Yes     No


## EMPLOYMENT HISTORY

1	Company Name (or period of unemployment)	Phone (    ) -	Reason for Leaving
	Address	Employment (Month and Year)	
	Name of Supervisor	Weekly or Monthly Salary Start:                  Final:	
	Home Address During Above Employment Period	Position Held	
	Length of Time at Above Address	Eligible for Re-employment Yes <input type="checkbox"/> No <input type="checkbox"/>	

2	Company Name (or period of unemployment)	Phone (    ) -	Reason for Leaving
	Address	Employment (Month and Year)	
	Name of Supervisor	Weekly or Monthly Salary Start:                  Final:	
	Home Address During Above Employment Period	Position Held	
	Length of Time at Above Address	Eligible for Re-employment Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Company Name (or period of unemployment)	Phone (    ) -	Reason for Leaving
	Address	Employment (Month and Year)	
	Name of Supervisor	Weekly or Monthly Salary Start:                  Final:	
	Home Address During Above Employment Period	Position Held	
	Length of Time at Above Address	Eligible for Re-employment Yes <input type="checkbox"/> No <input type="checkbox"/>	

4	Company Name (or period of unemployment)	Phone (    ) -	Reason for Leaving
	Address	Employment (Month and Year)	
	Name of Supervisor	Weekly or Monthly Salary Start:                  Final:	
	Home Address During Above Employment Period	Position Held	
	Length of Time at Above Address	Eligible for Re-employment Yes <input type="checkbox"/> No <input type="checkbox"/>	

We may contact the employers listed above unless you indicate those you do not want us to contact.

## CERTIFICATION

I certify that all statements on this application are true and I hereby authorize investigation of all my statements. I understand and agree that falsification of facts on this application is cause for dismissal and that subsequent to being employed, I may be dismissed with or without cause. I further understand and agree that if employed, full-time employment will be conditional upon the satisfactory completion of a 90-day probationary period and satisfactory completion of all pre-employment processing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In Case of Emergency, notify \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City Province Postal Code

I hereby accept employment with **Monk Office Supply Ltd.**, in the position of \_\_\_\_\_

and agree to the following conditions of employment:

1. In consideration of my employment with the Company, I agree to comply with all W.C.B. safety regulations and company policies.
2. To pay on demand any cash advances, purchases on credit from the company, NSF cheques to the company, or for personal goods received under the company's name.
3. I hereby assign my wages to the extent necessary to pay items specified in item #2 above.
4. I have read the 'Staff Manual' and 'Job Description' in detail and agree to the policies and duties contained therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

To be completed by manager:

Position: \_\_\_\_\_ Responsibility Level (I-IV): \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Per Month: \_\_\_\_\_ Per Hour

Starting Hours: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Location: \_\_\_\_\_ Division: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature