E. Date: 01/01/02



Kenney and Ross Limited 6493 Shore Road, Port Saxon, Nova Scotia, B0T 1W0 Tel: 1(902)637-2616

Fax: 1(902)637-2511

EMPLOYMENT APPLICATION

PERSONAL INFORMATION:					ate of Application:						
Name:					Email:						
Address:	Address: Town/City					r: Postal Code:					
Telephone:				Are you	ı legally e	entitle	d to work	in Ca	nada? Yes □	No □	
Emergency (Contact:			Relations	ship:			Tele	phone:		
How did you	hear about th	nis job opportun	ity? K	ijiji □ Job	Bank □	Empl	oyee Refe	erral [☐ Other (Plea	se	
Specify)											
If referral, p	lease identify	the employee v	who re	ferred you	u:			_			
Are you capable of lifting up to 50 lbs? Yes □ No □											
Are you capable of standing while working your entire shift? Yes \square No \square											
AVAILABII	LITY: Indicate	e the days and	times	you are a	ıvailable 1	for wo	ork.				
	MONDAY	TUESDAY	WED	NESDAY	THURSDAY		FRIDAY		SATURDAY	SUNDAY	
A.M.											
P.M.											
What is your available start date?											
Are you willing and able to work occasional overtime? Yes □ No □ Are you willing and able to work 12 hour long shifts? Yes □ No □											
Are you willing and able to work 12 nour long shifts? Yes □ No □											
EDUCATION:											
Highest Grad	de Level Com	pleted:			Location:						
Institution:											
Do you have	any additiona	al certifications?	? Pleas	se specify	<i>'</i> :						
WHMIS □ F	irst Aid/CPR [☐ Occupational	l Healt	h & Safet	y 🗆 Fork	Lift T	raining □	l			
Other (Pleas	se specify): \square										
EMPLOYM	IENT HISTO	RY:									
Current/Most Recent Employer:				Position Title:							
Location:					From: (mm/yy) To: (mm/yy)				уу)		
Duties:					ı						
Past Employer:					Position Title:						
Location:					From: (mm/yy) To: (mm/yy)						
Duties:											

Form No.: F_ADM-002 R. Date: 30/05/17 R. No.: 2 E. Date: 01/01/02



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REFERENCES: Please provide 3 (preferably work) references:

Reference Name	Relationship	Telephone

By signing below I authorize that I give my permission to <u>Kenney & Ross Limited</u> to contact all of the provided references listed above.

I certify that the information included in the application is complete and true to the best of my ability and understand that false statements on this application form are sufficient cause for immediate dismissal. I consent to a criminal record check, if required, and agree to refrain from being under the influence of drugs and alcohol while on duty at Kenney & Ross Limited. I understand that upon accepting an offer of employment with Kenney & Ross Limited. I will be required to provide my Social Insurance Number and my bank account number for direct deposit.

Signature:		 	 	
	Date:			

Thank you for your interest in employment with <u>Kenney & Ross Limited</u>. Please note that only those considered for employment will be contacted

Form No.: F_ADM-002 R. Date: 30/05/17 R. No.: 2