



Ayr Welding 1977 Ltd.  
406 Harmony Rd  
Ayr, On  
NOB 1E0

Send completed applications to [info@ayrwelding.ca](mailto:info@ayrwelding.ca)

## Employment Application

Position Being Applied For: \_\_\_\_\_

Date Available to begin work: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City Province Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you legally eligible to work in Canada? YES NO Are you 18 years old or more? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

To determine your qualification for employment, please provide information about your academic and other achievements including volunteer work, as well as employment history. Attach any additional information on a separate sheet.

### Education

Secondary School Highest grade or level completed: \_\_\_\_\_

Business or Trade School  
Name of Program: \_\_\_\_\_

Length of Program: \_\_\_\_\_

License, certificate or diploma awarded? YES NO Type: \_\_\_\_\_

Community College or University  
Name of Program: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Diploma/degree awarded? YES NO Type: \_\_\_\_\_

### Work Related Skills

Describe any of your work-related skills, experience or training that relates to the position being applied for.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Name of Present or Past Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Functions/Responsibilities \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Functions/Responsibilities \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Functions/Responsibilities \_\_\_\_\_

May we contact your present/last employer YES  NO

Your former employer (s) YES  NO

List references if different than above on a separate sheet.

Have you attached an additional sheet? YES  NO

Do you have a valid driver's license? YES  NO

Driver's License

Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

I hereby give permission for a driver's abstract to be completed. YES  NO

**Please note: The information collected within this application will be checked thoroughly for accuracy.**

**I understand that providing any false, misleading or incomplete information is grounds for immediate discharge from employment.**

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