



Miller's Auto Recycling Application for Employment

All applicants are considered without regard to age, race, colour, creed or religion, ancestry, origin, sex, sexual orientation, marital status, family status, record of offences, handicap, or other protected status.

PERSONAL DATA

Last Name		First Name		Middle Name	
Present Address					
City		Province		Postal Code	How Long Have you Lived at This Address?
Home Telephone Number		Cell Number		Business Telephone Number	
Have you worked for Miller's Auto Recycling before? If Yes, When?		Are you Currently employed now? Yes No If Yes, Employer:		Date Available	
Are you legally eligible to work in Canada? YES NO		Are you bondable? YES NO		Do you have a reliable means of transportation to get to work? YES NO	
In which Department(s) would you like to work <input type="checkbox"/> Disassembly <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Inventory <input type="checkbox"/> Shipping & Receiving <input type="checkbox"/> Mechanical Technician <input type="checkbox"/> Maintenance <input type="checkbox"/> Sales <input type="checkbox"/> General Position <input type="checkbox"/> Collision Technician				Are You Available? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
Do you Currently suffer/ have you incurred an injury in the past that would prevent you from meeting all physical requirements of any job at Miller's? If yes, please explain					

EDUCATION DATA

	Secondary School	Technical or Trade School	College or University
Name of School			
Year Last Attended			
Course of Study			
List Any Certificates, Diplomas, Degrees Obtained, Specialized Training, Apprentice Skills, Awards, Professional Designations, and Other Education			



Application for Employment continued.

WORK HISTORY (LIST IN ORDER STARTING WITH PRESENT OR LAST JOB)

Present or Last Employer		Address	
Type of Business			
Job Title	Period Employed	From (mo/yr) To (mo/yr)	Start/ Final Salary
Name and Title of Immediate Supervisor		Phone Number	Reason for Leaving
Describe Job Duties and Responsibilities			

Previous Employer		Address	
Type of Business			
Job Title	Period Employed	From (mo/yr) To (mo/yr)	Start/ Final Salary
Name and Title of Immediate Supervisor		Phone Number	Reason for Leaving
Describe Job Duties and Responsibilities			

May We Contact Your Present Employer for Reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	Resume Attached Yes <input type="checkbox"/> No <input type="checkbox"/>
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Any Additional Comments

PLEASE READ CAREFULLY

The foregoing information is correct to the best of my knowledge. I understand that any misrepresentation shall disqualify me from employment or be cause for my dismissal. If hired, I am aware that compliance with the policies and procedures of Miller's Auto Recycling is a condition of my employment with the company.

Applicant Signature: _____ **Date:** _____