



APPLICATION FOR EMPLOYMENT

Golden Valley Farms Inc.

P.O. Box 670, Arthur, ON N0G 1A0
50 Wells Street South, Arthur, Ontario

Phone (519) 848-3110

Fax (519) 848-3470

Position being applied for:

Date available to begin work:

PERSONAL DATA

PLEASE PRINT

Last Name		First Name		Initial	Social Insurance Number	
Street Address			Apt. No.	City		Postal Code
Home Telephone ()		Alternate Number (For Messages) ()		Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you between 18 and 65 years of age? Do you have a valid drivers' licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offence of which a pardon was not granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you looking for: <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment <input type="checkbox"/> Summer Employment			
How were you referred to this company?			Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with Golden Valley? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been interviewed with Golden Valley? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?			

EDUCATION

Type Of School	Name and Location	Course of Study (Including Major Subjects)	Highest Level Completed (Please Circle)	Did You Graduate?	Diploma, Degree, Certificate Obtained
Secondary School	DO NOT WRITE IN THIS AREA		9 10 11 12 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any of your work-related Skills, Experience or Training, that relate to the position for which you have applied. If space doesn't permit a full description, use an additional sheet and attach.

List below, beginning with the most recent, your present and past employment. Please provide as much detailed information as possible. If space does not permit, submit a full description of previous jobs on a separate sheet and attach.

EMPLOYER

Present Employer Last Employer

Position Held	Period of Employment From To	Name of Firm
Address	Type of Business	Telephone ()
Name of Supervisor	Salary \$ <input type="checkbox"/> Annum <input type="checkbox"/> Hour	Reason For Leaving
Duties and Responsibilities:		