



SurVail Protection Services

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M. I.

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

Date Available: _____ SIN.: _____ Desired Salary:\$ _____

Are you a Canadian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a clean criminal record?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Ontario Security License?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Drivers license?	<input type="checkbox"/>	<input type="checkbox"/>	If yes # _____		
Do you have access to a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>			

Education

Did you graduate High School?: YES Date: _____ NO Degree or Diploma

College/University: _____

Date: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____