



Services

Transportation & Warehousing

LP Services (Transportation)
100 Mead Avenue
Hamilton, Ontario, Canada L8H 3T5

LP Services (Warehousing)
1632 Burlington St. E.
Hamilton, Ontario, Canada L8H 3L3

POSITION APPLIED FOR	EXPECTED WAGES
	DATE AVAILABLE

APPLICATION FOR EMPLOYMENT PLEASE PRINT OR TYPE

SURNAME	FIRST	MIDDLE	TELEPHONE			
ADDRESS	STREET	CITY	PROVINCE	POSTAL CODE		

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO

EDUCATION RECORD

	SCHOOL NAME	SUBJECT	DIPLOMA / DEGREE AWARDED	
HIGH SCHOOL			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			TITLE:	
BUSINESS TRADE OR TECHNICAL SCHOOL			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			TITLE:	
COMMUNITY COLLEGE			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			TITLE:	
UNIVERSITY			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			TITLE:	

ADDITIONAL COURSES, SEMINARS, WORKSHOPS _____

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE, OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	FROM	LAST SALARY	JOB TITLE
ADDRESS	TO	\$	DUTIES, RESPONSIBILITIES
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
ADDRESS	TO	\$	DUTIES, RESPONSIBILITIES
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
ADDRESS	TO	\$	DUTIES, RESPONSIBILITIES
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
ADDRESS	TO	\$	DUTIES, RESPONSIBILITIES
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES _____ <small>FROM TO</small>	WHAT SOURCE REFERRED YOU TO THIS COMPANY?
WHAT WAS YOUR POSITION WHEN YOU LEFT?	WILL YOU WORK SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU WILLING TO RELOCATE? ANSWER ONLY IF JOB RELATED YES <input type="checkbox"/> NO <input type="checkbox"/> _____ <small>PREFERRED LOCATIONS</small>

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS
 (DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL, POLITICAL CHARACTER)

REFERENCES

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)			OFFICE USE ONLY
NAME	ADDRESS	TELEPHONE	
OCCUPATION			
NAME	ADDRESS	TELEPHONE	
OCCUPATION			

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.
 I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEWER

THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANT HAS BEEN HIRED

IN CASE OF EMERGENCY NOTIFY NAME	
ADDRESS	TELEPHONE
FAMILY DOCTOR	TELEPHONE

DATE HIRED	DEPARTMENT	STARTING DATE	REG. HOUR	POSITION	DATE EMPLOYMENT COMMENCED