

APPLICATION FOR EMPLOYMENT



PLEASE COMPLETE THIS FORM IN FULL IN YOUR OWN HANDWRITING.

PLEASE CAREFULLY READ AND ANSWER ALL QUESTIONS.
 THE INFORMATION YOU SUPPLY WILL BE KEPT IN STRICT CONFIDENCE AND WILL ONLY BE USED TO ASSIST US IN ASSESSING YOUR QUALIFICATIONS FOR A CAREER WITH THIS COMPANY.
 THIS APPLICATION IS DEEMED INCOMPLETE WITHOUT A FULL, ACCURATE EMPLOYEE RESUME WHICH HAS BEEN SUBMITTED AND ATTACHED.

PERSONAL DATA			
FULL LEGAL NAME			
STREET ADDRESS AND/OR MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
CONTACT NUMBER	EMAIL		
SIN NUMBER	DATE OF BIRTH		

POSITION INFORMATION	
TYPE OF EMPLOYMENT DESIRED	
<input type="checkbox"/> FULL TIME (30 HRS OR MORE)	<input type="checkbox"/> PART TIME (24 HRS OR LESS) <input type="checkbox"/> FLEXIBLE (0 HRS)
WHAT POSITION ARE YOU APPLYING FOR?	
CONCIERGE <input type="checkbox"/>	PATROL GUARD <input type="checkbox"/> MOBILE SUPERVISOR <input type="checkbox"/> FLEX GUARD <input type="checkbox"/>
SUPERVISOR <input type="checkbox"/>	OFFICE POSITION <input type="checkbox"/> OTHER <input type="checkbox"/> WHICH?
DO YOU HAVE A FRIEND OR FAMILY MEMBER WORKING AT PENNINE?	START DATE
<input type="checkbox"/> YES WHO / WHERE DO THEY WORK? <input type="checkbox"/> NO	
HAVE YOU BEEN EMPLOYED BY THIS COMPANY BEFORE?	HOW DID YOU HEAR ABOUT US?
<input type="checkbox"/> YES WHEN? <input type="checkbox"/> NO	

REQUIREMENTS	
PLEASE ANSWER THE FOLLOWING:	
DO YOU HAVE A VAILD SECURITY LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE YOUR FIRST AID /CPR CERTIFICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ON AN HOURLY RESTRICTIVE (STUDENT) VISA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A CRIMINAL RECORD IN CANADA OR ANY OTHER COUNTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE RELIABLE TRANSPORTATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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SHIFT AVAILABILITY	
WHICH DAYS ARE YOU AVAILABLE TO WORK?	
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
<input type="checkbox"/> SUNDAY	
WHAT SHIFTS ARE YOU AVAILABLE TO WORK?	
<input type="checkbox"/> DAYS	<input type="checkbox"/> EVENINGS
<input type="checkbox"/> OVERNIGHT	<input type="checkbox"/> NO PREFERENCE
ARE YOU ABLE TO WORK LONG SHIFTS?	
<input type="checkbox"/> 12 HOURS	<input type="checkbox"/> 10 HOURS
<input type="checkbox"/> NO MORE THAN 8 HOURS	
DISTANCE WILLING TO TRAVEL FROM HOME	

PROFESSIONAL EXPERIENCE			
PLEASE CONFIRM IF YOU HAVE COMPLETED ANY OF THE FOLLOWING:			
WHIMIS	<input type="checkbox"/> YES STILL VALID	<input type="checkbox"/> YES EXPIRED	<input type="checkbox"/> NO
USE OF FORCE	<input type="checkbox"/> YES STILL VALID	<input type="checkbox"/> YES EXPIRED	<input type="checkbox"/> NO
SMART SERVE	<input type="checkbox"/> YES STILL VALID	<input type="checkbox"/> YES EXPIRED	<input type="checkbox"/> NO
PLEASE NOTE ANY ADDITIONAL TRAINING/CERTIFICATION:			

LANGUAGE	
WRITTEN:	SPOKEN:
ENGLISH: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE	ENGLISH: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE
FRENCH: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE	FRENCH: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE
OTHER: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE	OTHER: <input type="checkbox"/> FLUENT <input type="checkbox"/> FAIR <input type="checkbox"/> LITTLE

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QUALIFICATIONS		
PLEASE LIST ANY EDUCATION OR TRAINING YOU FEEL RELATES TO THE POSITION YOU'VE APPLIED FOR?		
SCHOOL NAME	ADDRESS / CITY/ PROVINCE	QUALIFICATION EARNED
SCHOOL NAME	ADDRESS / CITY/ PROVINCE	QUALIFICATION EARNED
EXTRA CURRICULAR ACTIVITIES / SPECIAL SKILLS		
LIST ANY SPECIAL SKILLS OR EXPERIENCE THAT YOU FEEL WOULD HELP YOU IN THE POSITION THAT YOU ARE APPLYING FOR (LEADERSHIP, ORGANIZATIONS/TEAMS, ETC.)		

REFERENCES			
PLEASE LIST THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU, WITH FULL NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP. IF YOU DON'T HAVE THREE PROFESSIONAL REFERENCES, THEN LIST PERSONAL, UNRELATED REFERENCES.			
NAME	ADDRESS / CITY/ PROVINCE	PHONE	RELATIONSHIP
NAME	ADDRESS / CITY/ PROVINCE	PHONE	RELATIONSHIP
NAME	ADDRESS / CITY/ PROVINCE	PHONE	RELATIONSHIP

I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, OR MISREPRESENTATIONS IN ANY APPLICATION AND SUPPLEMENTAL MATERIALS SUBMITTED MAY DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION; AND IF I AM HIRED, MAY BE GROUNDS FOR IMMEDIATE TERMINATION. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW.

I CONSENT TO RELEASE INFORMATION ABOUT MY ABILITY, EMPLOYMENT HISTORY TO LAW ENFORCEMENT AGENCIES, HUMAN RESOURCES STAFF, AND OTHER AUTHORIZED EMPLOYEES OF PENNINE SECURITY SOLUTIONS INC. FOR EMPLOYMENT PURPOSES. THE CONSENT SHALL CONTINUE TO BE EFFECTIVE DURING MY EMPLOYMENT IF I AM HIRED.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF THE STATEMENTS CONTAINED HERE ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH

SIGNATURE OF APPLICANT

DATE OF APPLICATION