

EDUCATION AND TRAINING

	Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree and year completed
High School/GED				
Commercial, Trade or Technical Training				
Undergraduate College/University				
Graduate/ Professional				
Other Continuing Education				

Professional Qualifications/
Memberships/Licenses if applicable:

SPECIALIZED SKILLS

A. TECHNICAL SKILLS:

B. TRADES/MAINTENANCE SKILLS:

C. LANGUAGE SKILLS: Spoken: _____ Written: _____

D. If you are applying for a position requiring a driver's license, please complete the following:

Do you have a valid driver's license? Yes No _____ Class: _____
Province: _____

REFERENCES

List three persons, other than relatives or personal friends, who can judge your work ability.

	NAME	COMPANY	POSITION	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

May we contact your present employer for a reference? Yes No Previous Employers? Yes No

If no, please state reasons: _____

PREVIOUS EMPLOYMENT (begin with most recent)

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Declaration:

It is understood and agreed that Source 1 Security may at anytime seek verification of the above and further information in considering my suitability for any position, or benefits, at Source 1 Security. I hereby request and authorize anyone approached by Source 1 Security, its employees and agents, to provide them with any and all information requested to the best of their ability. I hereby release Source 1 Security, its employees and agents, and anyone providing information pursuant to a request from Source 1 Security to provide information about me, from any and all claims whatsoever which may arise as a result of the release of such information. I understand and agree that any omission, false or misleading statement may disqualify me from employment, or result in dismissal. A photographic copy of this authorization shall be as valid as the original.

Date

Signature of Applicant

Thank you for taking the time to complete this application and for your interest in Source 1 Security.