



## APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PROV.

\_\_\_\_\_  
POSTAL

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SOCIAL INSURANCE #

ARE YOU A CANADIAN CITIZEN [ ] YES [ ] NO

| EDUCATION   |                |                |           |
|-------------|----------------|----------------|-----------|
| SCHOOL NAME | DATES ATTENDED | DEGREE/DIPLOMA | GRADUATED |
|             |                |                |           |
|             |                |                |           |
|             |                |                |           |

OTHER TRAINING, CERTIFICATIONS, OR LICENSES \_\_\_\_\_

### EMPLOYMENT HISTORY

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_\_ COUNTRY \_\_\_\_\_

| REFERENCES |       |         |       |
|------------|-------|---------|-------|
| NAME       | TITLE | COMPANY | PHONE |
|            |       |         |       |
|            |       |         |       |
|            |       |         |       |

### ACKNOWLEDGEMENT AND AUTHORIZATION

I CERTIFY THAT ALL INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE 7 DIAMOND GROUP OF COMPANIES TO INVESTIGATE ALL STATEMENTS IN THIS APPLICATION TO ASSIST WITH MAKING A DECISION REGARDING MY EMPLOYMENT. IN THE EVENT THAT ANY INFORMATION CONTAINED HEREIN IS FOUND TO BE FALSE OR MISLEADING, IT MAY LEAD TO TERMINATION. [ ] INITIALS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE