



PLEASE PRINT CLEARLY

LAST NAME _____	FIRST NAME _____
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CONTACT INFORMATION

Street _____	
City / Prov. _____	Postal Code _____
Telephone _____	Cell Phone _____
Email _____	

EMPLOYMENT DESIRED *(please check all that apply)*

- Part Time
 Days
 Evenings
 Weekends
 Full Time

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR OR DEGREE
High School				
College				
University				
Other				



WORK EXPERIENCE *(Please list starting with most recent. Attach additional sheets if necessary)*

Employer: _____	Employment Dates
Street _____	From _____
City _____	To _____
Postal Code _____	
Telephone _____	Job Title _____
Email _____	Supervisor _____
May we contact for reference?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer: _____	Employment Dates
Street _____	From _____
City _____	To _____
Postal Code _____	
Telephone _____	Job Title _____
Email _____	Supervisor _____
May we contact for reference?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer: _____	Employment Dates
Street _____	From _____
City _____	To _____
Postal Code _____	
Telephone _____	Job Title _____
Email _____	Supervisor _____
May we contact for reference?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No