



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. All Applicants for all job openings are welcome and will be considered without regard to age, race, color, creed or religion, ancestry, origin, sex, sexual orientation, marital status, family status, record of offences, handicap, or other protected status. It is the intent of Pacific Safety Products ("PSP") and all of its divisions to comply with all applicable federal, state, provincial and local legislation concerning equal opportunity employment.

PERSONAL INFORMATION (PLEASE PRINT)

Position Applied For:	Do you want to work? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL <input type="checkbox"/>	Expected Wage
Last Name	First Name	Middle Name
Present Address (Street number and Name)		
City	State / Province	ZIP / Postal Code
Years at present address	Email Address	
Home Telephone Number Area Code ()	Business or Alternate (i.e. Cell) Telephone Number Area Code ()	
Have you ever worked at Sentry Armor Systems, Dover TN? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, when? _____ (Year / Month)	Have you ever worked at PSP, Arnprior, Ontario Canada? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, when? _____ (Year / Month)	Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If hired, when can you start? _____
Are you legally eligible to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you legally eligible to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How were you referred? Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Employee Referral <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/> (please specify below)		
_____ Name of employee referral		
What types of work are you interested in doing?		

EDUCATION DATA	SECONDARY SCHOOL	COLLEGE OR UNIVERSITY	GRADUATE OR PROFESSIONAL
Name of School			
Year Completed	9 10 11 12 13	1 2 3 4 5	1 2 3 4 5
Certificates, Diplomas, Degrees Obtained			
Course of Study			
List Any Specialized Training, Apprentice Skills, Awards, Professional Designations, and Other Education			



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WORK HISTORY

(LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

Company Name		Address	
Type of Business			
Job Title	From (mo/yr)	Final Salary or Hourly Rate	
	To (mo/yr)		
Supervisor name and title	Reason for leaving		
Describe job duties and responsibilities			
Company Name		Address	
Type of Business			
Job Title	From (mo/yr)	Final Salary or Hourly Rate	
	To (mo/yr)		
Supervisor name and title	Reason for leaving		
Describe job duties and responsibilities			
Company Name		Address	
Type of Business			
Job Title	From (mo/yr)	Final Salary or Hourly Rate	
	To (mo/yr)		
Supervisor name and title	Reason for leaving		
Describe job duties and responsibilities			

REFERENCES

(List three work references to whom we may contact - not relatives or friends)

Name	Address	Phone number

PLEASE READ CAREFULLY! 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.

Applicant Signature _____ Date _____