

*The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses (including an offense in respect of any provincial statute), handicap, disability, language (Prov. Of Quebec).*

<b>Date available for employment:</b>		<b>Position being applied for:</b> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	
<b>Last Name:</b>		<b>Given Name(s):</b>	
<b>Address:</b>		<b>Street</b>	<b>(Apt. #)</b>
<b>City</b>		<b>Province</b>	<b>Postal Code</b>
<b>Home Telephone Number:</b>		<b>Alternate Telephone Number:</b>	
<b>Are you legally eligible to work in Canada?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

**To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.**

**EDUCATION:**

<b>ELEMENTARY OR SECONDARY SCHOOL:</b>		<b>BUSINESS, TRADE OR TECHNICAL SCHOOL:</b>	
<b>Highest Grade or level completed:</b>		<b>Name of Course:</b>	<b>Length of course:</b>
<b>Type of Certificate or level completed:</b>		<b>License, Certificate or Diploma Awarded</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMMUNITY COLLEGE:</b>		<b>UNIVERSITY:</b>	
<b>Name of Program:</b>	<b>Length of Program</b> _____ Years	<b>Degree Awarded:</b>	<b>Length of Course:</b> _____ Years
<b>Diploma Received:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Major Subject:</b>	<b>Pass</b> <input type="checkbox"/> <b>Honours</b> <input type="checkbox"/>
<b>Other Workshops, Courses, Seminars:</b>			
<b>Describe any of your work-related skills, experience or training that would relate to the position you are applying for:</b>			

**EMPLOYMENT HISTORY : Most recent first**

<b>Name and Address of Present/Last Employer:</b>		<b>Present/Last Job Title:</b>	<b>Final Wages:</b>
		<b>Period of Employment:</b> From: _____ To: _____	
<b>Telephone:</b>	<b>Supervisor:</b>	<b>Type of Business:</b>	
<b>Reason for Leaving:</b>			
<b>Duties/Responsibilities:</b>			
<b>Name and Address of Previous Employer:</b>		<b>Previous Job Title:</b>	<b>Final Wages:</b>
		<b>Period of Employment:</b> From: _____ To: _____	
<b>Telephone:</b>	<b>Supervisor:</b>	<b>Type of Business:</b>	
<b>Duties/Responsibilities:</b>			
<b>Reason for Leaving:</b>			

<b>Name and Address of Previous Employer:</b>		<b>Previous Job Title:</b>	<b>Final Wages:</b>
		<b>Period of Employment:</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Telephone:</b>	<b>Supervisor:</b>	<b>Type of Business:</b>	
<b>Reason for Leaving:</b>			
<b>Duties/Responsibilities:</b>			
<b>Name and Address of Previous Employer:</b>		<b>Previous Job Title:</b>	<b>Final Salary:</b>
		<b>Period of Employment:</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Telephone:</b>	<b>Supervisor:</b>	<b>Type of Business:</b>	
<b>Reason for Leaving:</b>			
<b>Duties/Responsibilities:</b>			
<b>REFERENCES:</b>			
By including the following information you hereby authorize Masterfeeds Inc. to contact your references. In addition you are authorizing your references to release work related information on your current and / or past employment.			
<b>For employment references, may we approach:</b> Your present/last employer?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>List three (3) work related references: (ie. Supervisors/Managers to whom you reported directly)</b> <b>DO NOT LIST RELATIVES</b>			
1.	_____	_____	_____
	<b>Reference Name and Company Name</b>		<b>Phone Number</b>
2.	_____	_____	_____
	<b>Reference Name and Company Name</b>		<b>Phone Number</b>
3.	_____	_____	_____
	<b>Reference Name and Company Name</b>		<b>Phone Number</b>
<b>EXTRA CURRICULAR ACTIVITIES:</b> Please exclude activities which would indicate any prohibited grounds of discrimination listed at the beginning of this application			
<b>ADDITIONAL INFORMATION:</b>			
Use this space for any additional information that you wish to bring to our attention, relative to your employment application.			
Have you previously worked for Masterfeeds Inc.?      Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____			
I have attached an additional sheet.      Yes <input type="checkbox"/> No <input type="checkbox"/>			

**PLEASE READ CAREFULLY – APPLICANT’S CERTIFICATION AND AGREEMENT:**

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 with Masterfeeds and shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Dated**