



Employment Application

You must be legally entitled to work in Canada. Your application will be ignored if you are not, such as a foreign worker with no existing sponsorship or enrolled program in Canada.

Contact Information

First Name: _____ Last Name: _____

Address: _____
House # Street City Province Postal Code

Phone #: _____ E-mail Address: _____

How did you hear about this position? Indeed SaskJobs Family/Friend
 Facebook Website Other: _____

Position Information

Position Applying For: _____ Full-Time Part-Time

A current list of job openings may be found here, <https://preview.tinyurl.com/CommutronEmployment>

Rate of Pay Expected: \$_____ / Hour Year

Have you previously worked here? Yes No If yes, when? _____

Are you presently employed? Yes No Date of Availability: _____

Education Information

High School

Name: _____ Highest Grade Completed: _____ Did you graduate? Yes No

Post-Secondary School

Name: _____ Area of Study: _____ Date Completed: _____

Length of Program: _____ Years Months Did you graduate? Yes No

Level Achieved: Certificate Diploma Bachelor's Degree Master's Degree Other: _____

Employment Information (starting with the most recent)

Company: _____ City: _____

Position: _____ Reason for Leaving: _____

Employment Length: _____ - _____ Salary: \$_____ / Hour Year
From (Month/Year) To (Month/Year)

Employment Information (continued)

Company: _____ City: _____

Position: _____ Reason for Leaving: _____

Employment Length: _____ - _____ Salary: \$ _____ / Hour Year
 From (Month/Year) To (Month/Year)

Company: _____ City: _____

Position: _____ Reason for Leaving: _____

Employment Length: _____ - _____ Salary: \$ _____ / Hour Year
 From (Month/Year) To (Month/Year)

Additional, Relevant Training

	Experience?	Certificate received?	Is the certificate still valid?
First Aid/CPR +AED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IPC _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronics Assembly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISO _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leadership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lean	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHMIS 2015	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Robotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Programming (software)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____			

1. Are you legally entitled to work in Canada? Yes No Details (where applicable): _____
 2. Some positions require the person to consistently lift, carry, and push loads of various weights. Other require sitting for extended periods. Standing, bending and kneeling are also required movements. Are you able to perform all of these functions? Yes No
- If you answered "no" to the above, please state which function you cannot perform and what accommodations could be made for you to work adequately: _____

I declare that the information I have provided is true, and I acknowledge that my termination of employment may happen if the information is discovered to be untrue.

Signature: _____ Date: _____

Please email the completed application *with your CV* to, hr@commutron.ca or submit to 302 Stanley Street Elbow, SK S0H 1J0