



One Source Business Services Inc.

FOR OFFICE STAFF USE ONLY:	
Hire Date:	
Rate of pay:	
Shift Time:	
Location/Dept.:	

EMPLOYEE REGISTRATION

Staffing Redefined

1. Last Name:			
2. First Name:		Middle or Initial:	
3. Address:		Apartment #:	
4. City and Postal Code:	City:	Postal Code:	
5. Telephone numbers:	Home:	Cell #:	
6. IDENTIFICATION PRESENTED: <u>Valid Identification Required</u>	S.I.N. CARD : <input type="checkbox"/>		WORK PERMIT: <input type="checkbox"/>
	S.I.N. #:		EXPIRY DATE:
	Driver's License: <input type="checkbox"/>	Passport: <input type="checkbox"/>	Health Card: <input type="checkbox"/>
7. Date of Birth/Birthday:	MONTH	DAY	YEAR
8. Emergency Contact:	Tel #:		
9. SKILLS and/or EXPERIENCE IN THE FOLLOWING AREAS: <u>Please check boxes that apply only:</u> (Forklift license must be valid from training school)	PACKING: <input type="checkbox"/>	MACHINE OPERATOR: <input type="checkbox"/>	SHIPPING & RECEIVING: <input type="checkbox"/>
	INVENTORY CONTROL: <input type="checkbox"/>	QUALITY CONTROL or INSPECTION: <input type="checkbox"/>	COUNTER BALANCE FORKLIFT: <input type="checkbox"/>
			RESUME ATTACHED: <input type="checkbox"/>
			RAYMOND REACH FORKLIFT: <input type="checkbox"/>
10. WHMIS (mandatory):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? Certificate <input type="checkbox"/>
SHIFT PREFERRED:	Day Shift/morning: <input type="checkbox"/>	Afternoon (4pm-12pm): <input type="checkbox"/>	Nights: <input type="checkbox"/>
Have you been employed by One Source Business Svs. Inc. before: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when?			
If hired, when are you available to start work:		Date:	Shift:
EMPLOYMENT HISTORY:			
Last Employer's Name:			
Supervisor's Name:	Tel #:		
Date of Previous Employment:	Start Date:	Finish Date:	
Reason for leaving:			
REFERENCES: (Do not use family member's name or relatives)	Name:		Name:
	Tel #:		Tel 3:
IMPORTANT INFORMATION: DO YOU HAVE ANY ALLERGIES:	YES <input type="checkbox"/> NO <input type="checkbox"/>		If you said yes, please state nature of allergy:
Employee's agreement:			
The information given on this application is true and complete. I understand that if employed, falsified information on this application shall be considered sufficient cause for dismissal and/or termination.			
SIGN HERE please:			Date: