

Pegasus Technologies Job Application Form

Applicant Details

First Name

Middle Name

Last Name

Date of Application

DD/MMM/YYYY

Current Mailing Address

Date of Birth

Telephone Number

DD/MMM/YYYY

Email Address

Position for which you are applying

Minimum Salary Expected

Date Available to Work

If required would you consider temporary employment?

Yes No

Personal

Social Security Number

Medical Benefit Number

Country of Birth

Do you require a work permit?

Yes No

Are you able to work flexible hours?

Do you have a relative employed with Pegasus Technologies Inc?

Yes No

Yes No

Have you ever been arrested? If yes, list date(s).

Have you ever been convicted of a crime?

No Yes _____

Yes No

Marital Status

Single Married Divorced

Do you have children?

Yes No

Medical

Do you suffer from any illness that may impair your ability to safely perform your duties or attend work daily and on time?

Have you ever been admitted to the hospital for any major illness or accident? If yes, please indicate what.

Yes No

No Yes _____

If required, your job may entail lifting equipment up to 70lbs. Would this be a problem for you?

Yes No

Are you available to work on weekends? No Yes

Education

Last Secondary School Attended

Date Graduated

Subjects/Certificates

Proficiency

Grade

A Level Subjects (Degrees or Professional Certifications)

Driving Information

Do you hold a valid drivers licence?

Yes No

Drivers Licence number:

Expiry Date:

How many years have you been legally driving?

Has any licence, permit, or privilege ever been suspended or revoked?

Yes No

Have you had any accident or traffic offence in the past 5 years?

Yes No

If yes, please explain below

Do you have daily access to a vehicle between 8am and 5pm?

Yes No

References

Please provide names of three references who know you in a work environment and who are not listed as supervisors in the next section.

1 Name

Telephone

How many years has this person known you?

2 Name

Telephone

How many years has this person known you?

3 Name

Telephone

How many years has this person known you?

Employment Record

List the last three employers in order, with the last/current job listed first.

Employer's Name	Phone Number	Supervisor's Name & Position
_____	_____	_____
Start Pay/ End Pay	Reason for leaving	
_____	_____	
Describe duties		

Last Job Title	Start date	End Date
_____	_____	_____

Employer's Name	Phone Number	Supervisor's Name & Position
_____	_____	_____
Start Pay/ End Pay	Reason for leaving	
_____	_____	
Describe duties		

Last Job Title	Start date	End Date
_____	_____	_____

Employer's Name	Phone Number	Supervisor's Name & Position
_____	_____	_____
Start Pay/ End Pay	Reason for leaving	
_____	_____	
Describe duties		

Last Job Title	Start date	End Date
_____	_____	_____

Information Verification

I certify that the above information is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on the application is cause for rejection of this application or for subsequent dismissal from employment. I authorise an investigation of any of the facts set forth in this application. I give permission to check my educational background, references, professional licence, criminal record, driving record, and credit record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I know that I may be required to have a physical examination, drug test, and pre-employment evaluation. I understand and agree that my employment with Pegasus Technologies Inc is entered into voluntarily and I may resign at any time.

Signature: _____

Date: _____