



# HYLANDER FARMS

## Job Application Form

**Application Source:**  Website  Others: (please specify below)  
 (please mark box)  Advertisement \_\_\_\_\_

**Position applying for:** \_\_\_\_\_



**Instructions:**

1. Job Application Form and supporting documents must be submitted to: [application@hylanderfarmca.com](mailto:application@hylanderfarmca.com)
2. Follow directions given, write your answer to each question clearly, completely and concisely. If you have no information to enter in a section, please write N/A.
3. Attach another sheet if the space provided is not sufficient.

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Last First Middle

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

Yes  No

Can you travel if the job requires it?

Yes  No

I have a valid Canada/US work permit?

Yes  No

I am seeking a permanent position:  Yes  No

**I will be able to report to work**  
 \_\_\_\_\_ **days after being notified I am hired.**

**If necessary for the job, I am able to:**

Work overtime?  Yes  No

Provide a valid Canada Driver's License?  Yes  No

If so, fill out the following: Issuing state: \_\_\_\_\_

Type: \_\_\_\_\_

Endorsement(s):  Hazardous Material  Passengers

Tankers  Tank with Hazardous Materia

School Bus  Double/Triple trailers

Work the following shifts: (check all that apply)

Any  Day  Night  Swing  Rotating

### EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor:	Telephone:	

In addition to your work history, what other experiences, skills or qualifications make you a good fit for our company?

Why do you want this job?	What is your expected rate of pay? \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly
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What are your personal goals?	Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No
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To be an effective employee, what must a person do or not do?  
DO:  
  
NOT DO:

Tell us about one of your success stories with a customer. What made it a success?

What events, sports, hobbies or volunteer activities are you involved in?

What are some things in a job that are important to you?

Have you ever been previously employed by Hylander Farms ?     Yes     No

If yes, when?

In what location?

In what position?

Is there anything else you would like to tell us about yourself?

### EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

### MILITARY

Are you a veteran?  Yes  No

Duty/specialized training: \_\_\_\_\_

### SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: \_\_\_\_\_ per minute

### REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CONTACT

In case of accident or illness, please contact. Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in Canada or the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

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

\_\_\_\_\_  
Date

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.