

Personal Information:				
Last Name:	First Name:			Telephone #
Address:				
Are you legally entitled to work in Canada?	(Circle)	Yes	No	
Are you over 18 years of age?	(Circle)	Yes	No	
Are you looking for:	Part time			
Are you a full time student?	(Circle)	Yes	No	
CSA approved steel toe safety boots are re	equired for working in t (Circle)	he plant. D Yes	o you own a pair or ca No	an you purchase a pair?

Company Name:	Position Held:	Position Held:		
Address:	Period of Employm	ent		
Main Contact:	From:	То:		
Telephone #:	Last Salary:			
Responsibilities:				
Reason for Leaving:				
Company Name:	Position Held:			
Address:	Period of Employm	ent		
Main Contact:	From:	To:		
Telephone #:	Last Salary:			
Responsibilities:				
Reason for Leaving:	· ·			
Company Name:	Position Held:			
Address:	Period of Employm	Period of Employment		
Main Contact:	From:	To:		
	From: Last Salary:	To:		
Main Contact:		To:		
Main Contact: Telephone #:		To:		
Main Contact: Telephone #: Responsibilities:		To:		
Main Contact: Telephone #: Responsibilities:		To: Highest Level Completed		



Application for Employment

Have you previously been employed by ABS before?	(Circle)	Yes	No
What source referred you to ABS?			
Are you available to work all shifts?	(Circle)	Yes	No

References: Please list 5 work related references.		
Company Name:	Telephone #:	
Contact Name:	Email:	
Company Name:	Telephone #:	
Contact Name:	Email:	
Company Name:	Telephone #:	
Contact Name:	Email:	
Company Name:	Telephone #:	
Contact Name:	Email:	
Company Name:	Telephone #:	
Contact Name:	Email:	

AUTHORIZATION TO RELEASE REFERENCE INFORMATION			
I understand and agree that ABS Friction will request information from my present/previous employers. I authorize my present/previous employers to release all information as requested. I also agree that no liability or damage shall accrue to my present/previous employers as a consequence of their releasing such information.			
Signature: Date:			
General: Elaborate on any additional information you feel is pertinent	o your application (e.g. Forklift Certification,		

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, or cause my dismissal.			
Signature:	Date:		

Please fax your completed form to the attention of our HR Manager at 519-763-6050; or scan and email to hr@ABSfriction.com, or drop off in person at 55 Taggart Street, Guelph, Ontario.

Thank you for your interest in ABS.

Community Involvement, etc.)