

LONDON HOSPITAL LINEN SERVICES INC.

11 Maitland Street • London, Ontario • N6B 3K7 • 519-438-2925



DATE RECEIVED: _____

Please complete the application below. The application must be completed in full to be considered.

INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED

Please note: Attaching a resume is not a complete application

Please Print All Information

APPLICANT INFORMATION

LAST NAME	GIVEN NAME	MIDDLE NAME
ADDRESS (number and street)	CITY, PROVINCE	POSTAL CODE
TELEPHONE HOME	TELEPHONE MESSAGES	E-MAIL ADDRESS
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ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO

ARE YOU WILLING TO WORK SHIFTS? DAY AFTERNOON MIDNIGHT WEEKEND

ARE YOU WILLING TO WORK OVERTIME? YES NO

ARE YOU WILLING TO WORK – check all boxes that apply Part time Full time On call

Please Indicate Class of Driver's License: _____

POSITION APPLYING FOR

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING

<input type="checkbox"/> Production Member Part-Time	<input type="checkbox"/> Driver	<input type="checkbox"/> Administrative
<input type="checkbox"/> Production Member Full-Time	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Skilled Trades - Electrician/Millwright
<input type="checkbox"/> Production Supervisor		<input type="checkbox"/> Information Systems

DO YOU HAVE ANY CRIMINAL OFFENCES THAT YOU HAVE NOT BEEN PARDONED FOR? YES NO

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR BEEN GIVEN A DISCIPLINARY SUSPENSION?

YES NO If yes, state the name of the company and the circumstances involved

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT AT LONDON HOSPITAL LINEN SERVICES? YES NO

IF YES WHEN - DATE: _____

WORK HISTORY

EMPLOYMENT INFORMATION	PRESENT/LAST EMPLOYER	SECOND LAST EMPLOYER
NAME OF EMPLOYER		
ADDRESS		
SUPERVISOR'S NAME		
DATES OF EMPLOYMENT	Month/Year Month/Year	Month/Year Month/Year
ENTRY POSITION		
EXIT POSITION		
RESPONSIBILITIES		
REASON FOR LEAVING		

EDUCATION

HIGH SCHOOL	Check Grade Successfully Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>
COLLEGE	Diploma/Certificate Obtained	
UNIVERSITY	Diploma/Certificate Obtained	

WORK HISTORY Continued

THIRD LAST EMPLOYER		FOURTH LAST EMPLOYER		FIFTH LAST EMPLOYER	
Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year

ADDITIONAL TRAINING

COURSE	CERTIFICATE OBTAINED

WORK RELATED REFERENCES

Please provide names of supervisors or managers only – friends and family will not be accepted

NAME	COMPANY	POSITION	TELEPHONE

AUTHORIZATION, WAIVER AND CONFIDENTIALITY AGREEMENT

I hereby declare that the foregoing information is true and correct to the best of my knowledge. I understand that my omission, misrepresentation or falsification of information provided throughout the recruitment and selection process will be grounds for disqualifying me from employment, or may result in the termination of my employment if I secure employment as a result of recruitment and selection process at London Hospital Linen Services.

I understand and agree that my application for employment shall be subject to screening and verification of my bona fides and credentials. I give London Hospital Linen Services the right to investigate all information and references supplied in my application and to secure additional information, if necessary. I hereby release from all liability or responsibility London Hospital Linen Services and all persons or corporations who may furnish such information.

SIGNATURE OF APPLICANT

DATE

LONDON HOSPITAL LINEN SERVICES

DATE