



COMMISSIONAIRES

APPLICATION FOR EMPLOYMENT

Name _____

Address _____

City _____ Postal Code _____ Telephone _____

Cellular phone _____ Email _____

Drivers License _____ Expiry _____

Security License _____ Expiry _____

SERVICE RECORD

Service Number _____ Branch of Service _____

Enrollment Date _____ Release Date _____

Rank at Release _____

Decorations & Medals _____

Have you ever applied for membership in or served with the Canadian Corps of Commissionaires?

Where and when _____

I am seeking: Part Time Full Time Part time then full time when available

I am able to work: Nights Evenings Days Weekends/Holidays

I have the following qualifications: Yes No Special Qualifications (e.g. Languages)

Standard/Emergency First Aid Certificate _____

Junior or Senior Leadership Courses _____

Commissionaires Qualifying Course _____

Other _____

Are you willing to be searched when going off or on duty? Yes No

I believe I would pass a formal security clearance Yes No

(over)

Have you ever been convicted of a criminal offence(s) for which you have not been pardoned?

Yes No

If yes, please state:

Offence _____

Date _____ Place _____

Disposition _____

Do you have any restrictions including allergies, which we would have to accommodate in the workplace?

If applying for part time work, are you currently employed? Yes No

I hereby declare that the above information is true and I understand any false information in this application will be sufficient cause for the cancellation of this application and/or should I have been accepted as an employee, loss of such employment.

Date

Signature of Applicant