Page 1 of 4						
SCREENPL Contract Screen & Pad Pri	AY SCI	eenPlay Appli	cati	ion for Employ	/ment	☐ Full-time ☐ Summer ☐ Evening shift ☐ Part Time
Name of Organization		Position(s) Se	Position(s) Sought			
Name of Educational Institution			Max. Lifting Capacity in pounds: □25 □50 □75 □100			
		Gener	ral Infor	mation		
Last Name			First Name			
Address until	No.	Street	<u>l</u>		Tel.	
	City	City Province/State		Postal Code	E-mail	
Permanent Address	No.	No. Street			Tel.	
(if different from above)	City	City Province/State		Postal Code	E-mail	
When are you avail	lable to start wor	k?			,	
How many hours can you work weekly? Are you willing to work overtime? ☐ YES ☐ NO						
Do you have a drivers license?						
Have you ever been fired, asked to resign from a job, or accepted a resignation in lieu of termination? YES NO If YES, please explain:						
What is the minimum rate of pay you expect to receive if employed?						
What is the maximum rate of pay you expect to receive after: 1 years employment? 2 years employment?						
Are you interested in working your way up in the company? ☐ YES ☐ NO						
What will you do to ensure your success as an employee?						

Are you interested in management? \square YES \square NO

Describe your management qualifications:

Education					
Secondary or Post Secondary other institutions attended. Begin with most recent.	Faculty, Department, Division, or School	Discipline or Program (Major)	Degree/Diploma/ Certificate	Date obtained or expected	
G.P.A. for your most recently completed academic year on a scale of (Percentage or letter equivalent:).					
G.P.A. for all courses completed to date (cumulative average) on a scale of (Percentage or letter equivalent:).					
Highlight skills relevant to the position(s) sought.					

	Work Experience				
Describe all work experience (paid and unpaid) starting with most recent.					
Position		Name of Organization	Summer		
Contact Person		Phone Number	Part-time (# of hours/wk)	
City	Province/State	Dates	☐ Co-op ☐ Internship ☐ Volunteer		
Duties:			☐ Full-time ☐ Other: (specify)		
Salary/Wage:	Reason for Leavin	g:			
Position		Name of Organization	☐ Summer		
Contact Person		Phone Number	☐ Part-time (# of hours/wk ☐ Co-op)	
City	Province/State	Dates	☐ Internship ☐ Volunteer		
Duties:			☐ Full-time ☐ Other: (specify)		
Salary/Wage:	Reason for Leavin	g:	, , , , , , ,		
Position		Name of Organization	Summer		
Contact Person		Phone Number	☐ Part-time (# of hours/wk)	
City	Province/State	Dates	☐ Co-op ☐ Internship		
Duties:			☐ Volunteer ☐ Full-time ☐ Other: (specify)		
Salary/Wage:	Reason for Leavin	g:	, , , ,		

		Summary
Tell us a little	e bit about yourself. Help us to get t	o know you better.
APPLICANT ACK	NOWLEDGEMENT AND AUTHORIZATION PLEA	ASE READ CAREFULLY BEFORE SIGNING
I hereby certify that and complete to the cause for denial of I understand that s by ScreenPlay Corr by a valid collective by either SCREENI actions, and statend deemed a contract authority to enter in General Manager of International Brother comply with the cur is a condition of errequirements of wo with SCREENPLAY professional (for seattempt to affect themployment if alreat hereby authorize information to SCR and all damage that satisfaction with the position specified of SCREENPLAY IS I WILL RECEIVE CO	tail of the information provided by me in this applice best of my knowledge. I understand that the falsi employment or immediate termination of employmubmission of an application does not guarantee entract Screen-Printing (hereinafter referred to as "Sebargaining agreement. "At-will" means that employed PLAY or myself at any time, with or without cause ments of SCREENPLAY or its representatives used of employment (real or implied). I understand that not an agreement contrary to the foregoing statements of SCREENPLAY to be valid. I understand some enterhood of Electrical Workers (IBEW), Local No. 77 rement and amended rules, regulations, policies and reployment. I understand that due to the nature of Sork at SCREENPLAY and that poor attendance or to the screen of a drug screen or medical examination and ployment. I understand that a comprehensive any and all schools, former employers, references at may result from providing such information. I understand this application. I understand this application. If I wish to be considered for employmental to the plotted of the background investigation. I understand this application. If I wish to be considered for employmental to the plotted of the background investigation. I understand this application. If I wish to be considered for employmental to the plotted of t	COLOR, RELIGION, GENDER, NATIONAL ORIGIN,
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Date -	Print Name	Signature