



Staffmed Solutions

Staffmed Solutions Inc.
PO Box 78048 PRO Meriline
Nepean, On. K2E 1B1

Last name:	Given names (s):	Middle:
Present Address: Number and Street: City and Province: Postal Code:	Phone number: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____ Pager: () _____ - _____	
Permanent Address: (if different from above) SIN _____	Number and Street: City and Province: Postal Code:	Bank information: Bank: _____ Branch: _____ Account: _____
e-mail: _____	Citizenship: <input type="checkbox"/> Canadian Citizen: <input type="checkbox"/> Landed Immigrant: <input type="checkbox"/>	Language: French <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Available to start: (DD/MM/YY): Date of Birth: _____	Current occupation: Employed <input type="checkbox"/> Other <input type="checkbox"/> Student <input type="checkbox"/>
Position applying for:	Full time: <input type="checkbox"/> Part time: <input type="checkbox"/> Contract: <input type="checkbox"/> Casual: <input type="checkbox"/>	
Expecting salary:	Length of contract:	Other:

Skills:

What is your educational background?			
Institution:	Start date	Graduating date	Years of study
Other training:			
Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>			

Work experience:

Company name: Company Phone Number and Address:	Position: From: To:
Company name: Company Phone Number and Address:	Position: From: To:
Company name: Company Phone Number and Address:	Position: From: To:
Company name: Company Phone Number and Address:	Position: From: To:
Company name: Company Phone Number and Address:	Position: From: To:

In case emergency notify:

What specific skills, knowledge have you gained from your experiences that are relevant to the position you applying for?

1. Personal reference name:	Phone number	Relationship :
2. Personal reference name:	Phone number	Relationship :

Date of application: _____

Signature: _____