

This form must be completed by the applicant.

POSITION ASKED :

NAME OF THE APPLICANT :

DATE :

A PERSONAL INFORMATION

1	Family name :	1st Name :
2	Address :	Residence tel. :
3	City : Province :	Cellular tel. :
4	Postal code :	E mail :
5	In case of emergency contact :	Years of experience :
	Name :	
	Relation : Tel. :	

B EDUCATION

1	Name of establishment for DEP :	Diploma ? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of establishment for ASP :	Diploma ? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of university :	Diploma ? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Additional specialized courses :	Diploma ? <input type="checkbox"/> Yes <input type="checkbox"/> No

C WORK EXPERIENCE

1	Name of last employer :	Occupation :
2	Tasks and duties :	
3	How long where you employed by this company ? :	
4	Reason of departure :	
5	If less than five years name other employer :	Occupation :
6	Tasks and duties	
7	How long where you employed by this company ? :	
8	Reason of departure :	

D KNOWLEDGE

1	Languages spoken :	Years of experience on conventional equipment
2	Languages written :	Milling :
3	Computer knowledge known software <input type="checkbox"/> Autocad <input type="checkbox"/> Solid Works <input type="checkbox"/> Other	Lathe :
	4	Do you have any notions of die making ?
5	Can you make your own "set up" on the machines ?	Radial drill :
6	Do you have your attestation to drive a lift truck ?	

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NO	SUPPLEMENTARY QUESTIONS	
1	If hired which shift would interest you ? Shift : Day <input type="checkbox"/> Night <input type="checkbox"/> Week end <input type="checkbox"/> Rotation <input type="checkbox"/>	
2	Why does a designer position interests you ? 	
3	Why should we hire you ? 	
4	Why is "punctuality" important for you ? 	
5	What does "success" mean for you ? 	
6	Where do you see yourself in "5 years" ? 	
7	Name 3 of your "strong" points 	
8	Name 3 of your "weak" points 	
9	Other interest other than your trade.	
10	What other trade would you have liked to do ?	
11	Method of transport	
12	What do you prefer team work or individual work ?	
13	Do you wish to go back to school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Would you accept to take supplementary courses ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are you available to work over time ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are you available for a 2 to 3 days try out ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specify which days :	
	SHOP DIRECTOR COMMENTS	