

Personal Information

Full Name (First/ Middle/ Last)		Where did you hear about us? Indeed <input type="checkbox"/> Referral <input type="checkbox"/> Contacted by HR <input type="checkbox"/> Other <input type="checkbox"/>	
Address		City	Province
		Postal Code	
Security License Number	Expiry (mm/dd/yyyy)	Primary Contact Number	Email
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Method of transportation to workplace? <input type="checkbox"/> Transit <input type="checkbox"/> Own a vehicle	
What is your status in Canada? Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Expiration Date: _____ Work Permit <input type="checkbox"/> Expiration Date: _____			
Have you ever been convicted of a criminal offence for which you did not receive a pardon? If yes, please explain: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for Pillar? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?			
Do you have any commitments within the next 6 months that will require you to take time off work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			

Position

Position You Are Applying For:	Available Start Date:	Starting Hourly Rate:
Employment Desired <input type="checkbox"/> Full Time (35+ hours) <input type="checkbox"/> Part Time (35 or less hours) <input type="checkbox"/> Casual (On-call)		

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days <input type="checkbox"/> 7AM-3PM <input type="checkbox"/> 8AM- 4PM							
Afternoon <input type="checkbox"/> 3PM-11PM <input type="checkbox"/> 4PM- 12AM							
Overnight <input type="checkbox"/> 11PM-7AM <input type="checkbox"/> 12AM- 8AM							

References

Name	Title	Company	Phone

Signature Disclaimer

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Name (Please Print)	Signature	Date

Once application form is done, please send the form together with the following at [hiring@pillarsecurity.com](mailto: hiring@pillarsecurity.com):

1. Resume
2. Security License Front & Back
3. CPR/ First Aid Training
4. Work Permit/ Study Permit (if it applies)