

# AGRICULTURE EMPLOYMENT APPLICATION FORM

First Name:	Middle Initial:	Last Name:
Address:		
Postal Code:	Phone:	Cell:
Social Insurance Number (Optional):		
Position Applying For:		Date:
Date Available:	Duration of Availability:	
<b>Preferred Terms of Employment:</b>  <input type="checkbox"/> Permanent <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Summer (Student)		<b>Education:</b>  <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other _____
<b>Previous Experience:</b>  <input type="checkbox"/> Potatoes <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Fruit/Vegetables <input type="checkbox"/> Equipment Operation <input type="checkbox"/> Other _____		<b>Licenses:</b>  <input type="checkbox"/> Class 1 License <input type="checkbox"/> Class 3A License <input type="checkbox"/> Class 5 License <input type="checkbox"/> Pesticide Applicator License <input type="checkbox"/> Forklift Certificate <input type="checkbox"/> Other _____
Additional Information:		
Previous Employment:		
References:		
<i>Name :</i>	<i>Organization:</i>	<i>Phone Number:</i>
 Form provided by the P.E.I. Agriculture Sector Council <a href="http://www.peiagsc.ca">www.peiagsc.ca</a>		