



YORKDALE SHOPPING CENTRE SECURITY OFFICER APPLICATION FORM

PERSONAL INFORMATION

Last Name:		Given Name(s):	
Complete Address: (include #, Street, Apt. #, Lot, Concessions, Rural Route #)		Home Telephone Number: ()	
		Business Telephone Number: ()	
City or Town:	Province:	Postal Code:	

Are you legally eligible to work in Canada?	Yes	No
Do you possess a valid Ontario driver's licence that permits you to drive with full driving privileges?	Yes	No
Do you possess a current certificate in First Aid and C.P.R.?	Yes	No
The position you are applying for requires you to be able to walk for the better part of an 8 hour shift. Do you have any medical conditions that would cause you any problems in doing so?	Yes	No

EDUCATION

Secondary School	Certificate / Diploma Received:				
Grade Completed:					
Community College	Length of Program:	Diploma Received?	Yes	No	
Name of Program:					
Business, Trade or Technical School	Length of Course:	Licence, Certificate or Diploma Awarded?	Yes	No	
Name of Course:					
University	Length of Course:	Degree Awarded?		Yes	No
Major Area of Study:		General	Honours		

Other relevant courses: (Workshops, Seminars, Training, Licences, Certificates or Degrees)

