

Date \_\_\_\_\_

**Please complete this application in as much detail as possible, even if you are also submitting a resumé.**

The more you write, the easier it is for us to know if you are going to fit within our company. Attach extra paper as necessary. Thank you for applying. Kindly forward the completed form to "[hr@oceansconn.com](mailto:hr@oceansconn.com)"

Website:-<https://www.oceansconn.com>

Are you applying for ☐ Full Time ☐ Part Time ☐ Seasonal

Name (print) \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street Apt.

Telephone Number \_\_\_\_\_

Passport Number: \_\_\_\_\_  
 Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

LANGUAGES  
 Engl. French  
 Spoken ☐ ☐  
 Read ☐ ☐  
 Written ☐ ☐

Other Languages: \_\_\_\_\_

Are you currently enrolled in school or university? ☐ Yes ☐ No

Education	Name of School	Grade / Year Completed	Major	Diploma / Degree
High School				
Community College				
Business, Trade or Technical School				
University				
Other				

**If employed or previously employed, please complete the following section starting with your most recent or current employer.**

Name of last employer (company)		Address (street, city)		Telephone	<b>Company use only</b>  References obtained  Satisfactory Yes    No  Tel. <input type="checkbox"/> <input type="checkbox"/>  Writ. <input type="checkbox"/> <input type="checkbox"/>
Type of work	Date started		Last date worked	Salary / Wage	
Ready to join immediately <input type="checkbox"/> Yes <input type="checkbox"/> No			Expected salary package   		
Position you held			Duties and responsibilities		
What are your strengths as a medical employee?			Tell us about yourself and your career background		

Name of previous employer (company)		Address (street, city)		Telephone	<b>Company use only</b>
Type of work	Date started	Last date worked	Salary / Wage	References obtained	
Identify immediate supervisor who would know your name.		What was her/his title?			Satisfactory Yes No
Position you held		Duties and responsibilities			Tel. <input type="checkbox"/> <input type="checkbox"/> Writ. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?		What do you think your employer would say about you?			
What did you like most about your job?		What did you like least about your job?			

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Type of work	Date started	Last date worked	Salary / Wage	References obtained	
Identify immediate supervisor who would know your name.		What was her/his title?			Satisfactory Yes No
Position you held		Duties and responsibilities			Tel. <input type="checkbox"/> <input type="checkbox"/> Writ. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?		What do you think your employer would say about you?			
What did you like most about your job?		What did you like least about your job?			

If necessary, list other employers on a separate sheet. This is particularly important for a fair evaluation of your work record if any of the above has been short service.

### HOURS AVAILABLE TO WORK

Please place a check mark (✓) indicating each of the times you are available to work.

	MON	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

In addition to your work history, what other experiences, skills or qualifications make you a good fit for our organization?	
Why do you feel that this position and organization will be a good match for you?	What is your expected rate of pay? \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly
What are your personal goals?	What skills do you need to improve upon?
To be an effective employee, what must a person do or not do?  DO:  NOT DO:	
Tell us about one of your success stories with a difficult work situation. How did you successfully resolve it?	
What events, sports, hobbies or volunteer activities are you involved in?	
What are some things in a job that are important to you?	What kinds of things in a job would make it not appealing to you?
Is there anything else you would like to tell us about yourself ?	



Are you legally entitled to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of an offence under the Criminal Code of any other country or state, or under any statute of any Province for which you have not been pardoned and which may have some bearing upon the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For what position are you applying?		
How did you happen to apply for a position at our company?		
Are you acquainted with anyone working OceansConnect Shipping LLC? (If so, please give their name, position and length of acquaintance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by OceansConnect Shipping LLC? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what location?	In what position?	
Will you be able to bear your Visa Charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify" that the information contained in the above employment application and any document annexed to it is complete, exact and truthful in every respect. I understand that it is on the basis of the completeness, exactitude and truth of such information that any offer of employment might be extended. I understand and accept that any omission or untruth in these respects shall be considered sufficient cause for dismissal.

I hereby consent to the conduct of a personal background check by - OceansConnect Shipping - or their agents in connection with this application, relating to the position for which I am applying. I agree that - OceansConnect Shipping - can contact the above work references and work history employers.

I consent to the release and communication to - OceansConnect Shipping - or their agents of any information, whether personal information or otherwise, contained in any file that any former employer, learning institution or enterprise may have or may have had about me that relates to this application. I understand that any offer of employment is conditional upon my successfully passing a probationary period for the first 3 months worked, during which time I can be terminated at the discretion of - OceansConnect Shipping - without notice or severance pay.

After that, I agree that as full entitlement for notice or severance pay will be the full notice or pay in lieu of notice, if any, required by the Provincial Employment Standards Act. The retail market requirements for scheduling of work and how this may affect my hours have been explained to me. I realize that my employment may be terminated if I refuse to accept a day or shift assignment that I have previously agreed to work. Reasonable accommodation, short of undue hardship, will be made for mandatory religious observance.

Furthermore, if hired, I agree and promise to respect and adhere to all - OceansConnect Shipping - policies and regulations, and that if and when required shall enroll in other required benefits as soon as I become eligible. If I am hired, I authorize - OceansConnect Shipping - or their agents to proceed with any reasonable search either of my person, my personal effects, or my locker situated on Company premises, as may be required by them

All of the above forms constitute an integral part of my Application for Employment, **dated** \_\_\_\_\_

**I have carefully read, and agree to the above.**

Signature

Date and Place of Signature

Social Insurance Number (optional)



**SCAN ME**