

EMPLOYMENT APPLICATION FORM



ADF GROUP INC
 300 Henry-Bessemer Street
 Terrebonne, Quebec, Canada J6Y 1T3

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We thank you for your interest to join **ADF Group Inc.** Your application is valid for **6 month** from the date of receipt by our Office. Due to the volume of applications received, ADF is unable to comment on the status of your application. Only **selected candidates will be contacted** to move forward in our hiring process.

The purpose of this form is to examine your application for an employment with ADF. If you are hired, this form will be included in your employee file. ADF's Human Resources Department, Legal Department and members of ADF's management will have access to this file. If you are hired, the immediate supervisor will also have access to this file. Your file will be kept in the archives of our Human Resources Department and you will have access to your file by appointment with a representative of ADF's Human Resources Department. Should a mistake be found in your file, you will be able to seek correction.

Instructions:

Please fill out all sections of the Application Form. If a question or a section does not apply to you, please indicate "N/A" (not applicable). If additional space is needed to answer any of the questions, please attach a separate page. Indicate your name on each additional sheet and the section of the Application Form you are referring to.

If you have a resume, please attach it to your application. You must complete sections 3 and 4 of the Application Form even if you have attached your resume to your application. You may also submit with your application, copies of additional materials, such as transcripts, licenses and/or certificates. Make sure to date and sign your application before submitting it.

Electronic application is also available on our Website at **www.adfgroup.com**. ADF cannot guarantee the security of information contained in the online form.

SECTION 1 | APPLICANT IDENTIFICATION

Last Name: _____ **First Name:** _____

Address: _____
Street N° • Street Name Apt. No.

_____ Postal code
City • State • Country

Phone No: _____ **Mobile:** _____ **Other::** _____

Email: _____

SECTION 2 | EMPLOYMENT (Indicate or choose from the list below the position you are applying for.)

OFFICE : _____	PRODUCTION _____
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<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Marketing, Sales & Estimating	<input type="checkbox"/> CNC Machinery Programmer	<input type="checkbox"/> Machinist
<input type="checkbox"/> Administration	<input type="checkbox"/> Occupational Health and Safety	<input type="checkbox"/> Electro-Mech. Tech./Mechanic	<input type="checkbox"/> Overhead Traveling Crane Operator
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Procurement /Purchasing	<input type="checkbox"/> Fitter(Assembler)	<input type="checkbox"/> Plant Foreman
<input type="checkbox"/> Engineering	<input type="checkbox"/> Project Management	<input type="checkbox"/> Flame Cutter (Burner)	<input type="checkbox"/> Semi-Trailer Truck/ Gantry Crane
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Quality Assurance/Control	<input type="checkbox"/> Laborer/Production Helper	<input type="checkbox"/> Shipping/Receiving
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Reception	<input type="checkbox"/> Machinery Operator	<input type="checkbox"/> Welder
			<input type="checkbox"/> Welding Inspector

Salary range sought: Between : \$ _____ and \$ _____ /year

Status: Permanent Temporary Internship Student (seasonal)

Availabilities : Day Evening Night Weekend

Available start date: _____
(yyyy/mm/dd)

Are you eligible to travel abroad? Yes No

SECTION 3 | ACADEMIC EDUCATION/TRAINING

Institution	Diploma/Level of Studies
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other, specify : _____	_____
Name: _____	_____
Address: _____	If you did not graduate, indicate the number of years completed _____
Telephone: _____	

<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other, specify : _____	_____
Name: _____	_____
Address: _____	If you did not graduate, indicate the number of years completed _____
Telephone: _____	

<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other, specify : _____	_____
Name: _____	_____
Address: _____	If you did not graduate, indicate the number of years completed _____
Telephone: _____	

List any **additional training** you have received and/or **qualifications, certificates/licenses** you may have which are relevant to the position applied for.

LANGAGES	Spoken	Written	Level of knowledge		
			Very good knowledge	Working knowledge	Basic knowledge
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 4 | WORK HISTORY *(Begin with the current employment or most recent one. Please account for periods of unemployment.)*

Employer: _____ Current employer Past employer

Address: _____ Floor/Suite: _____

_____ Postal code: _____

Nature of business: _____

Employment: From/since: _____ To: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Job position: _____

Key duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Name of person to contact: _____ Phone No: _____

Employer: _____ Current employer Past employer

Address: _____ Floor/Suite: _____

_____ Postal code: _____

Nature of business: _____

Employment: From/since: _____ To: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Job position: _____

Key duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Name of person to contact: _____ Phone No: _____

Employer: _____ Current employer Past employer

Address: _____ Floor/Suite: _____

_____ Postal code: _____

Nature of business: _____

Employment: From/since: _____ To: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Job position: _____

Key duties/responsibilities: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Name of person to contact: _____ Phone No: _____

List any **additional work experience**, and/or **extracurricular activities** which are relevant to the position applied for.

PROFESSIONAL REFERENCES

Name of organization/company: _____ Phone.: _____
 Nature of business: _____
 Name of person to contact: _____ Title: _____
 Name of organization/company: _____ Phone.: _____
 Nature of business: _____
 Name of person to contact: _____ Title: _____

Have you ever been convicted of a crime (excluding minor traffic violations): Yes No

If yes, please explain: _____

Conviction will not disqualify an applicant for further consideration for employment. However, the nature, surrounding circumstances and the relevance of the offense to the position applied for may be considered.

SECTION 6 | APPLICANT'S CONSENT AND SIGNATURE

I, the undersigned, authorize ADF Group Inc. ("ADF") and any other person or company appointed by ADF to examine my candidature, verify the information I have disclosed/submitted in my application for employment and to conduct an investigation relevant to the assessment of my candidature and my employment, and to that effect, to communicate, by phone or in writing, with the following natural or legal persons:

- Education or training institutions I have attended;
- Past employers ;
- Current employer(s) ;
- Personal Information agents
- Financial institutions I do business with;
- Health Care Institutions I have attended;
- All other persons I have named as references.

I also authorize all categories of natural or legal persons above-mentioned to communicate with ADF and any person or company appointed by ADF to examine my candidature, all information necessary to the evaluation of my application.

I hereby agree to undergo a pre-employment medical examination and periodic medical examinations during the term of my employment, with a physician appointed by ADF, providing that the medical information is in connection with the position I am applying for or with the eligibility to fringe/employee benefits. I agree, under the same conditions, to the transmittal of my past medical records.

These consents will remain valid only for the period necessary to complete the examination of my candidature and my hiring process, and, the case may be, for the duration of my employment. In case of termination of my employment, my consent will only be valid for the duration of any litigation that could arise from my employment or termination thereof.

I understand false declarations made in this form or during a medical examination, could result in my application being rejected or in my dismissal after hiring, the case may be.

I have requested and agreed with ADF Group Inc. that this Job Application be drafted in the English language. *J'ai demandé et convenu avec Groupe ADF Inc. que cette demande d'emploi soit rédigée en langue anglaise.*

I, the undersigned, declare that all of the information included in this application form is true and complete.

Applicant's signature: _____ **Date:** _____
(yyyy/mm/dd)

NOTICE: *If submitting the application electronically, in lieu of your signature, please print your name above. By printing your name above and submitting the application electronically, you expressly consent to the authorizations set forth in this Section.*