AX Pharmaceutical Corp
Unit 8 – 9, 100 Tesma Way,
Concord, Ontario L4K 0J9 Canada

Telephone: (1)866-305-0566
Email: HR@axpharmaceutical.com

Post Applied	Available Start	
for:	Date:	

AX Pharmaceutical Corp Job Application Form

It is important that you read the job description before completing this application form. Please complete this form fully using black ink or type. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1	Personal details
Surname:	First Name: Title:
Address:	
City, Province	
Postcode:	
Home Telephone N ^º :	Social Insurance N º:
Mobile Telephone N₀:	
E-mail address:	
Can we contact you at	work? Yes No
	and take up employment in Yes No timmigration restrictions?

Present Employment (If now unemployed give details of last employer) Name of Employer: Address: City, **Province** Postcode: **Post Title: Department / Section: Brief description of duties:** Continue on a separate sheet if necessary Last day of service **Period of Notice:** (if no longer employed): Reason for leaving:

Present Employment

Section 2

Section 3 Previous Employment

Previous Employment (most recent employer first).

Name of Emplo	oyer:		
Address:			
City, Province			
Postal code			
Position Held:			
Summary of di	uties:		
Start Date:		Finish Date:	
Reason for lea	ving:		
Name of Emplo	oyer:		
	oyer:		
	oyer:		
	oyer:	Postcode	
Address:		Postcode	
Name of Emplo Address: Position Held: Summary of de		Postcode	
Address: Position Held:		Postcode	
Address: Position Held:		Postcode Finish Date:	
Address: Position Held: Summary of de	uties:		

Section 3 Previous Employment continued Name of Employer: Address: **Postcode Position Held: Summary of duties:** Finish Date: **Start Date:** Reason for leaving: Name of Employer: Address: **Postcode Position Held: Summary of duties: Start Date:** Finish Date: Reason for leaving: Continue on a separate sheet if necessary

Section 4 **Education**

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained
Continue on a separate sh		

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details		
Membership of any Professional / Technical Associations- Please state level of Membership:			
Continue on a separate sheet if necessary			

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Continue on a separate sheet if necessary

In which foreign language can you communicate? Please indicate whether knowledge is fluent, intermediate or basic.

Written	Oral
Continue on a congrete cheet if pagescary	

Continue on a separate sheet if necessary

Abilities, skills, knowledge and experience. Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. Continue on a separate sheet if necessary

Personal Statement

Section 7

Section 8 References

List two individuals able to give character references. You should include former employers or school administrators, but not your relatives.

	Reference 1			Reference 2	
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
City, Province			City, Province		
	Postcode			Postcode	
Telephone Nº :			Telephone Nº :		
E-mail:			E-mail:		
Are you willing for referee to be apprior to the interv	oroached Yes	No	Are you willing for referee to be appr	roached Yes	No

Statement of Purpose

I certify that the information contained in this application is correct to the best of my knowledge and understand
that any misstatement or omission of information may result in denial of employment or discharge. I authorize the
references listed above to give you any and all information concerning my previous employment and any pertinent
information they may have, personal or otherwise, and release all parties from all liability for any damage that may
result from furnishing same to you.

Signature:	Date:

You are welcome to attach a resume or other information if you feel it will give us further insight into your qualifications.